DOCUMENT RESUME

ED 231 977 CE 036 387

TITLE	Journal of Human Services Abstracts. Volume 8, Number 2, April 1983.
INSTITUTION	Aspen Systems Corp., Rockville, MD.
SPONS AGENCY	Department of Health and Human Services, Rockville, Md. Project Share.
PUB DATE	Apr 83
CONTRACT	HHS-100-81-0052
NOTE	99p.; For related documents, see ED 218 502, ED 221 673, and ED 223 822.
PUB TYPE	Collected Works - Serials (022) -- Reference Materials - Bibliographies (131)
JOURNAL CIT	Journal of Human Services Abstracts; v8 n2 Apr 1983
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Abstracts; *Administration; Annotated Bibliographies; *Community Services; Counseling Services; Data Processing; Day Care; *Delivery Systems; Disabilities; Employment Services; Health Services; *Human Services; Information Sources; Mental Health Programs; Needs Assessment; Older Adults; Personnel Management; *Planning; Program Descriptions; Program Development; Vocational Education; Vocational Rehabilitation; Volunteers
IDENTIFIERS	Project SHARE

ABSTRACT

This journal provides abstracts of 150 documents included in the database of Project SHARE, a National Clearinghouse for Improving the Management of Human Services. These documents are on subjects of concern, interest, and importance to those responsible for the planning, health services, administration, counseling services, employment services, personnel management, vocational rehabilitation, services for the elderly and disabled, and day care. Abstracts, arranged in alphabetical order by title, include this information: author, publication date, number of pages, order number, availability, and a summary of content. Other parts of the journal are an alphabetical list of personal and corporate authors, an alphabetical list of document titles, and a subject index. The index is a guide to the abstracts by specific subject category with cross-references from synonyms to preferred terms. (YLB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED231977

Journal of Human Services Abstracts

VOLUME 8 NUMBER 2 April 1983

PREFACE	iii
About This Journal	iii
How To Use This Journal	iii
How To Order Documents	iv
How To Submit Documents	iv
Reference Services	iv
A Note to Readers	iv
ABSTRACTS	1
LIST OF AUTHORS	73
LIST OF DOCUMENTS	83
INDEX	87

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

Project Officer, William L. Daniels
Office of the Assistant Secretary for Planning and Evaluation
Department of Health and Human Services

The *Journal of Human Services Abstracts* is published quarterly (January, April, July, October) by

Project SHARE
P.O. Box 2309
Rockville, MD 20852
(301) 251-5170

PROJECT SHARE

A National Clearinghouse for Improving the Management of Human Services

Project SHARE is operated by Aspen Systems Corporation under HHS Contract No. HHS-100-81-0052.

CE 036 387

2

The views expressed herein are not necessarily those of the Department of Health and Human Services or of the contractor, Aspen Systems Corporation, but are those of the individual document authors.

Preface

About This Journal

The *Journal of Human Services Abstracts* is published quarterly by Project SHARE, a National Clearinghouse for Improving the Management of Human Services. Project SHARE acquires, evaluates, stores, and makes available a broad range of documentation on subjects of concern to those responsible for the planning, management, and delivery of human services. Project SHARE is operated for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, by Aspen Systems Corporation.

Each issue contains abstracts of 150 of the documents recently included in the Project SHARE automated data base. Additional documents acquired by SHARE are included in bibliographies on selected topics. The documents announced in SHARE's publications are restricted to those documents actually acquired by Project SHARE and are not meant to provide comprehensive coverage of the field.

The *Journal of Human Services Abstracts* is divided into four parts: the abstracts themselves arranged in alphabetical order by title, a list of personal and corporate authors, an alphabetical list of documents, and a subject index. The index is a timesaving guide that lists abstract numbers under specific subject categories. The numbers following the index terms refer to the abstracts as they appear in this journal. Do not confuse these numbers with the accession and ordering numbers that appear in bold-face type in the body of each citation. The categories are alphabetically arranged and include cross-references between conceptually related index terms and cross-references from synonyms to the preferred terms. Here is an exerpt from a typical subject index.

Federal-local government relationships
54
Federal-municipal government relationships
48
Federal-nonfederal government/private organization relationships
10, 23, 89, 94
Financial assistance (emergency)
See Emergency services
Financial management procedural constraints
48

As can be seen, one document is relevant to at least two of the subject categories — abstract number 48.

48 *Funding Problems in Human Services: A Local Government Perspective.*
Mary Kelly-Rader
1982, 26p
SHR-0009712 Pub. in Jnl. of Health and Human Resources Administration v4 n4 p487-512
Spring 1982.

In the above citation, we see that abstract 48, entitled *Funding Problems in Human Services: A Local Government Perspective,* was written by Mary Kelly-Rader, that the report was published in 1982 in the *Journal of Health and Human Resources Administration,* that it is 26 pages long, and its accession-order number is **SHR-0009712.** If the document were available from the National Technical Information Service or a private publisher, the statement would say "Available from NTIS" or give another source and the address. The actual abstract of the document immediately follows the citation.

How To Order Documents

To order a document announced in the *Journal of Human Services Abstracts,* note the availability statement. Documents must be ordered from the sources indicated.

Orders to NTIS *must* be accompanied by payment in full unless a deposit account has been established. Prices are listed below according to the number of pages in the document.

Page Range	Domestic Price
001 – 025	$ 7.00
026 – 050	8.50
051 – 075	10.00
076 – 100	11.50
101 – 125	13.00
126 – 150	14.50
151 – 175	16.00
176 – 200	17.50
201 – 225	19.00
226 – 250	20.50
251 – 275	22.00
276 – 300	23.50
301 – 325	25.00
326 – 350	26.50
351 – 375	28.00
376 – 400	29.50
401 – 425	31.00
426 – 450	32.50
451 – 475	34.00
476 – 500	35.50
501 – 525	37.00
526 – 550	38.50
551 – 575	40.00
576 – 600	41.50

Address these orders to:

NTIS
5285 Port Royal Road
Springfield, VA 22161

To order documents from other sources, please order *directly* from the source noted in the citation. Prices of documents from private publishers are not given because they are subject to frequent change.

How To Submit Documents

Readers are urged to submit documents, or information on the whereabouts of significant documents, for possible inclusion in the Project SHARE data base. Documents, in reproducible form, should be submitted to:

Acquisitions Department
Project SHARE
P.O. Box 2309
Rockville, MD 20852

Documents requiring special permission for reproduction and dissemination should be accompanied by such permission in writing or a statement from the originating organization.

Reference Services

Project SHARE offers an on-demand reference service that permits individuals and organizations to contact the clearinghouse by mail or phone and initiate requests for information on any topic(s) within the scope of Project SHARE's mandate. Project SHARE's scope of activities is outlined in the Project SHARE brochure.

Reference requests for customized, annotated bibliographies tailored to the user's needs will be filled for $30. Standard searches are $10. Searches are generated primarily from the Project SHARE data base. Responses are also augmented through the use of other data resources available to the clearinghouse's reference staff.

Reference requests may be initiated by calling or writing Project SHARE.

A Note to Readers

Any questions, comments, or criticisms you may have concerning the *Journal of Human Services Abstracts* or Project SHARE should be addressed to William L. Daniels, Project Officer, at the following address:

Project SHARE
P.O. Box 2309
Rockville, MD 20852
(301) 251-5170

Abstracts

151 *ACCESS Process: Assuring Quality in Long Term Care.*
Gerald M. Eggert and Belinda S. Brodows
1981, 6p
SHR-0009864 Pub. in Quality Review Bulletin v8 n2 p10-15 Feb 82.

This article describes the Assessment for Community Care Services (ACCESS) program of the Monroe County Long Term Care Program, Inc., in upstate New York. The program addresses the problem of inappropriate use of health care institutions and the subsequent negative impact on long-term care patients. The program's methodology includes identification of people who need long-term care, assessment of client needs, development of service plans to meet those needs, and ongoing case management and monitoring accompanied by readjustments of service plans when necessary. ACCESS demonstrates alternative approaches to delivering and financing long-term care to the adult disabled and elderly populations in Monroe County. The program's management process has been designed to enable individuals who need long-term care to receive appropriate high quality services in either nursing homes or in their own homes; to ensure that the services or placements arranged for clients are appropriate to their initial and changing needs; and to maximize the number of needy individuals who will have access to appropriate quality services at the least expense to Medicaid. The ACCESS process facilitated the provision of appropriate long-term care services to approximately 9,500 persons from December 1977 to May 1981. Assessments during 1981 averaged 390 per month with 70 percent of the referrals being made from hospitals and 30 percent from nonhospital sources; 76 percent of the former and 46 percent of the latter were found to need skilled level care, while the remainder could return home. By substituting home care services for hospital or nursing home services, the program has decreased the growth of Medicaid expenditures for recipients needing long-term care. In addition, the program resulted in the accumulation of data on individuals receiving long-term care, which have been used to identify communitywide problems. The program's major problem is that the decision of who is actually admitted to an institution remains with the nursing homes, and not all ACCESS recommendations are respected. Long-term care institutions continue to prefer patients with lower disability levels and private financial resources over those with Medicaid. Charts and nine references are given.

152 *Activities Program in a Long Term Care Facility: Development of a Documentation System That Focuses on Problems and Goals.*
Joleen S. Curley
1981, 7p
SHR-0009841 Pub. in Quality Review Bulletin v7 n9 p12-18 Sep 81.

This paper describes a recordkeeping system that enables personnel in the activities department of an extended care facility to track the progress of each resident toward general goals identified for specific needs and problems. The documentation system was developed at Methodist Health Center in Madison, Wis. The activities department personnel use a tracking process requiring a minimum of time and paperwork, thus allowing personnel to concentrate on individualized approaches to residents' needs. The department provides both group and individual activities, including exercise sessions, van outings, cooking groups, crafts programs, group service projects, staff-resident conversation, and gardening. The staff performs an activities assessment immediately upon a resident's admission to the facility. The staff next identifies residents' individual problems and plans corresponding goals and activities. A plan-of-care form shows the goals and the progress toward each goal. Written progress notes in the patient record supplement the plan-of-care form. The form uses a checklist format and thus is easy to use. It is adaptable to evaluations of the quality of care.

153 *Administration of Mental Health Services. Edition Number 2.*
Saul Feldman
1980, 501p
SHR-0009902 Available from
Charles C. Thomas, Publisher,
301-327 East Lawrence Avenue,
Springfield, IL 62717.

This volume discusses administrative theory and practice in the mental health field. The text reviews progress made in mental health administration regarding government recognition, training programs, professional attitudes, inherent problems, and other areas. Specific analyses focus on planning, personnel and financial management, and management information. Also examined are budgeting and behavior, organizational sociology, interorganizational relations, and the governmental system. Other chapters are devoted to community participation, mental health law, decisionmaking and the process of change, and program evaluation. Chapter references, tables, figures, footnotes, and author and subject indexes are provided.

154 *Analysis and Evaluation of Chore Services for the Elderly of Washington State.*
Terry J. Denton, Patricia Richards,
Dennis G. Olson, and Deanna
Crews-Rankos
Washington State Dept. of Social
and Health Services, Olympia.
Program Research and Evaluation
Section.
Jun 82, 122p
SHR-0009852 Available from
Department of Social and Health
Services, Office of Research and
Data Analysis, OB2 Stop No. OB 34A,
Olympia, WA 98504. Order no.
08-06.

This study was initiated to provide data for decisionmaking on the administration of the chore services program for the elderly and for improving performance, containing costs, and revising contractual agreements. The evaluation sought to describe client characteristics, service needs, service usage patterns, and satisfaction with the services obtained. It also describes chore service providers and examines the appropriateness of Client Review Questionnaires (CRQ's) and the consistency with which they are used to authorize chore services. Finally, it addresses major program issues regarding administration of the chore program. Data were collected from 1,031 telephone and 80 inperson interviews with clients; from interviews with program administrators and chore personnel, cost reports, and contract reviews of 24 provider agencies; and a test-retest reliability study of caseworker's completion of the CRQ instrument. Among the major findings were that about 40 percent of the clients could qualify for residential services, based on their functioning capacity and need for assistance. Chore clients were older, more isolated, more disabled and with fewer resources than the general elderly population; about 99 percent needed chore assistance to maintain independence in the community. The most frequently performed chore tasks were housework, yard care, transportation, and laundry. No evidence was found that chore services supplanted assistance from family and friends. The CRQ does assess clients' functional ability, but it does not note other resources and assistance and depends on subjective caseworker judgment. Reporting and monitoring procedures varied among service provider agencies; providers were not in compliance with providing training and recording complaints about the service. Recommendations are offered for improvements in all the above areas. Tabular data are given.

Further research is needed to make these programs more attractive. The survey form and results along with over 300 references are appended. (Author abstract modified). *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Claremont Graduate School, 1981.*

155 *Analysis of Hospital-Based Community Health Education.*
Ruth Engen Hervig
1981, 214p
SHR-0010103 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study examines what community health education programming is being done in seven general acute care hospitals and why and how it is being done (including its financial and organizational framework). The hospitals, some church-related, are located in three western States. Personal interviews were conducted onsite. Organizational patterns for conducting community health education vary widely among the hospitals. In those that have been involved longer, efforts are more centralized and a department of health education has been established. Educational qualifications and backgrounds of health education directors differ considerably, although they all (except one) have at least a Master's degree. A primary problem is financing. All hospitals charge fees for most of their programs but have not collected enough to pay for all direct costs. The most common programs conducted are weight control, smoking cessation, stress management, preparation for childbirth, and nutrition. None of the hospitals have seriously considered applying marketing theory and techniques to sell their programs. Written goals and objectives for programs are rarely formulated, and little attention has been given to evaluating them. Minimum consumer input is used in planning. The few community health education programs offered have been well-received by consumers.

156 *Applicability of Zero Base Budgeting in the Long Term Care and Health Services Administration Context.*
Joseph F. Goetz and Howard L. Smith
1979, 10p
SHR-0009910 Pub. in Long Term Care and Health Services Administration v3 n2 p139-148 Summer (Jun) 1979.

This article explores whether the zero base budgeting (ZBB) method can effectively contain costs in hospitals and other health care facilities. ZBB correlates budgeting decisions with goals (outputs) rather than funding services according to traditional line-item accounting classifications (inputs). Budget requests are subject to review from the first dollar. Health care administrators must be aware that the five steps in ZBB are deceptively simple. These include determining measurable objectives, identifying decision packages, establishing targets and activity levels, selecting and ranking decision packages, and allocating funds. ZBB aids in the formation of organizational goals and helps promote rationality in decisionmaking, but it recommends such drastic change in management styles that implementation and final outcome are difficult to achieve. ZBB's most critical problem in the health care field is administrators' lack of flexibility in determining services to be offered. Overall, ZBB can work in the health care organization when the right equation of goals and organization and administrative support are integrated. Charts and three reference notes are supplied.

157 *Approaches to Successful Aging: A Field Study in Geriatric Preventive Community Mental Health.*
Joe Sharp Rainey
1980, 160p
SHR-0010096 Available from
University Microfilms International,
300 North Zeeb Road, Ann Arbor, MI
48106.

The effects of a five-session workshop entitled "Approaches to Successful Aging" conducted under two different experimental conditions were investigated. Under condition "A," subjects received instruction in self-reinforcement procedures intended to increase the frequency of client-selected target behaviors. Under condition "B," equal time was devoted to a journal-keeping procedure that did not focus on specific behavior change. Both treatment groups participated in a series of age-related topical presentations. A control group also was included. A total of 55 subjects aged 59 and over who were recruited from apartment buildings for older adults in Reston, Va., participated. The final analysis used complete data from 36 female subjects. Results supported the prediction that "A" subjects would improve significantly with respect to increased frequency of target behaviors, with the results reaching significance only at the points of followup measurement. However, "B" subjects also improved on this variable, matching the increases of "A" subjects. Implications for future workshops and geriatric community mental health are considered. Workshop and study materials, 18 tables, and almost 100 references are included. (Author abstract modified). *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Clinical Psychology to the American University, 1980.*

158 *Avoiding Burnout: Strategies for Managing Time, Space, and People in Early Childhood Education.*
Paula Jorde
1982, 291p
SHR-0010053 Available from
Acropolis Books, 2400 17th Street
NW, Washington, DC 20009.

Written in a workbook format, the text guides the reader in designing a personal prescription for preventing burnout. Self-assessment quizzes constitute an integral part of each section. An exploration of the burnout syndrome in early childhood education identifies the various dimensions of the burnout profile and analyzes the conditions that foster burnout. The section on managing time offers numerous techniques for charting goals, planning for priorities, and scheduling time. The section on managing space analyzes the subtle role that the organization of space plays in determining overall job performance. Also examined are the spatial considerations that are necessary for developing conducive learning environments for children. The final section deals with the role of developing a supportive, enriching work environment for all people within the early childhood setting. Topics include motivating, training, evaluating, and decisionmaking. Chapter exercises, chapter notes, and references and suggestions for further reading are provided.

159 *Bidding for Long-Term Care Patients.*
Andrew J. Hogan, and Carol V. Getts
Institute for Health Planning,
Madison, WI.
Health Resources Administration,
Hyattsville, MD.
Nov 82, 43p
SHR-0010037 Available from
Institute for Health Planning, 702
North Blackhawk Avenue, Madison,
WI 53705.

Options for a long-term care system in which competitive bidding is used to establish the price of care are outlined. Competitive bidding could provide benefits in terms of cost containment, but also has some pitfalls for the delivery of long-term care. The initial results with competitive bidding now being implemented for acute care services for Medicaid recipients in Arizona and California will determine whether competitive bidding for long-term care will follow soon. Designers of a competitive bidding system must resolve such issues as the frequency with which bidding will take place, the providers to take part in the competition, the constraints on the bids, and the basis for accepting bids. Competitive bidding will succeed in reducing costs only in communities which have many community-based alternatives to compete with nursing homes. In addition, redesigning systems to restrict freedom of choice of providers will probably be opposed by local medical societies and providers' associations. Turf conflicts from existing programs may also pose barriers to the development of a more integrated long-term care system. Although numerous problems make the outlook for redesigning the system bleak, the feasibility of maintaining the existing long-term care system is deteriorating. Competitive bidding will probably play a useful role in at least some areas when the eventual changes occur. The cost effects of competitive bidding will be difficult to estimate. However, a new mix of providers and new market shares for old providers will probably be established. The use of competitive bidding will increase the need for quality assurance as well. A figure, 65 notes, and 58 references are provided.

160 *Burnout: Assessment and Intervention.*
Carolyn Chambers Clark
1980, 5p
SHR-0009888 Pub. in The Jnl. of Nursing Administration v10 n9 p39-43 Sep 80.

Unrealistic dedication, work overload, and organizational stress can lead to burnout in nursing administrators and staff. Other factors include conflict between needs and accomplishment, use of work as a substitute for a satisfying personal life, an authoritarian management style, and an inability to delegate authority and to refuse unreasonable demands. Several preventive and healing strategies can be used to counter these factors. A holistic approach includes opening up communication with oneself; ensuring adequate nutritional intake; practicing relaxation by meditation, visualization, and affirmation; finding physical outlets for stress; and establishing peer and mentor support systems. On the organizational level, the administrator can try to identify potentially burned out people by learning to differentiate between a realistically and unrealistically dedicated person, limiting the hours each person works, and ensuring that all staff members take their breaks and lunch hours. The administrator should shift frustrating tasks among several people, use more staff or volunteers, and set up procedures for staff sharing of experiences. Questionnaires to assess burnout and the organizational environment's contribution to burnout are provided. A total of 13 references are supplied.

161 *Chemical Dependency and Violence: Working With Dually Affected Families. A Cross-Training Program Manual for Counselors and Advocates.*
Janet M. Wright
Wisconsin Clearinghouse, Madison.
Wisconsin Dept. of Health and Social Services, Madison. Bureau of Alcohol and Other Drug Abuse.
1982, 134p
SHR-0009936 Available from Wisconsin Clearinghouse, PO Box 501, 1954 East Washington Avenue, Madison, WI 53704-5291.

This manual is designed to be used as a cross-training program for counselors working in the fields of wife abuse and chemical dependency. A cross-training program is a system for two (or more) agency staff to train each other reciprocally in their respective areas of expertise. The sessions on abuse of women include nine 1.5-to 2-hour sessions covering an introduction, values and attitudes, intervention, the connection between chemical dependency and family violence, working with men who batter, legal issues of working with battered women, working with children from violent homes, child abuse/neglect and incest, and a staff-to-staff workshop. Ten sessions on chemical dependency include introductions, assessment and intervention techniques, the family illness, the connection between chemical dependency and family violence, working with children from chemically dependent families, working with the woman chemical abuser, fetal alcohol syndrome and other effects of chemicals on pregnancy, a group approach to the problem, and a staff-to-staff workshop. Footnotes and references are listed at the end of each session. Evaluation forms, pretests and posttests, recommended films, and handouts are appended.

162 *Child Care and Family Benefits: Policies of Six Industrialized Countries.*
Sheila B. Kamerman
1980, 6p
SHR-0010024 Pub. in Monthly Labor Review v103 n11 p23-28 Nov 80.

This article explores alternative public policy responses to the growing proportion of working families in Western countries with similar levels of industrialization. Policy stances are distinctive. Supplemental cash benefits are provided for parents who are rearing children in 67 countries except the United States. Some countries (Sweden, Denmark, Hungary) guarantee the right to leave work for childbirth with assurance of full job protection, seniority, and pension entitlement. A parallel policy is the provision of a cash benefit through the social security system to replace the wages lost in connection with childbirth. Very few countries provide a substitute for earned income beyond the child's third year, as does the U.S. Aid to Families with Dependent Children. In most countries, children aged 3 to 6 can attend free public preschool programs covering the normal school day regardless of whether they have working mothers. In France, 95 percent of this age group is being served. Only the United States, Britain, Canada, and Israel continue to maintain an artificial distinction between child care under social welfare auspices and that under educational auspices. Most countries still have a long way to go before there are enough out-of-home places to care for children aged 6 months to 3 years. No country provides adequate before-and-after-school care for preschool and primary school children. Employer involvement regarding both marketplace and statutory benefits and the organization of work remains to be achieved. Footnotes and tabular data are given.

163 *Child Care Centers Sponsored by Employers and Labor Unions in the United States.*
Kathryn Senn Perry
Women's Bureau, Washington, DC.
1980, 9p
SHR-0010027 Available from Boulder Child Care Support Center, 2160 Spruce, PO Box 791, Boulder, Co 80306.

This report presents findings from a 1978 survey of employer-sponsored child care centers throughout the United States. A total of 105 civilian centers and 200 military centers were identified; 42 percent of the centers completed the survey questionnaire. Findings revealed that in situations with successful employer-sponsored day care there are children whose parents work in professional as well as skilled white collar and blue collar positions. Typically, employees use automobile transportation to bring their children to the centers. Centers are usually located close to the workplace, have flexible hours to match employee working hours, and cost parents less than alternative arrangements. Sixty-four percent of the civilian and 97 percent of the military centers provided infant care, and many provided after school care for older students in addition to care for 3 to 5 year olds. Benefits to the employer include an increase in the ability to attract employees, lower absenteeism and turnover, a more positive attitude of employees toward both employer and work, favorable publicity, and an improvement in community relations. Problems which caused centers to close included the escalation of subsidies to amounts greater than the employer is willing to provide, need for use of the facility in other capacities, and administrative difficulties. Careful planning and ongoing evaluation of child care operations are essential to the success of employer-sponsored facilities. Six footnotes are provided. *Based on "Survey and Analysis of Employer-Sponsored Day Care in the United States," 1978.*

164 *Child Care Needs Assessment for Cornell Employees.*
Lucy Gertz, Rhiana Kohl, Beth Kolodny, Andrea Malter, and Rosemary Porter
1979, 13p
SHR-0010021 Available from
Boulder Child Care Support Center,
2160 Spruce, PO Box 791, Boulder,
CO 80306.

An assessment of the child care needs of the employees of Cornell University was conducted to determine the quality, availability, and demand for child care services. The needs assessment began with extensive research into the methods used in a variety of related studies. Interviews were then conducted with almost 100 employees of Cornell University. The interviews tried to determine the availability of child care services, the employees' feelings about the quality of these services, and employees preferences for either revising or revamping the current system. Specific goals were to determine who was most affected by child care problems, which children are currently served by various types of arrangements, the specific services which are needed or preferred, financial considerations for parents of various income levels, and the adequacy of current care. The study indicated a widespread and problematic situation and a need for definite action. A discussion of the basic concepts and steps in conducting a needs assessment is included. A bibliography lists 13 references. Specific findings of the needs assessment are not provided.

165 *Child Care Recommendations for Honeywell Employees.*
Honeywell, Inc., Minneapolis, MN.
Jul 80, 48p
SHR-0010026 Available from
Boulder Child Care Support Center,
2160 Spruce, PO Box 971, Boulder,
CO 80306.

Results and recommendations of the Honeywell Women's Task Force child care survey of approximately 400 employees are presented in this report. The survey revealed that 20 to 25 percent of the respondents felt child care problems were detrimental to their productivity. Loss of productivity was also expressed in terms of child-related absenteeism. Sixty-one percent of total absences were attributed to child-related problems, including illness of a child, illness of a babysitter, vacation of child care provider, and discontinuance of service by child care provider. Major problems regarding child care were identified in the survey. These difficulties included locating a child care provider, finding quality child care, affording the cost of care, locating the provider, and finding appropriate time slots for child care needs. The task force recommends that Honeywell, along with several other sources, provide financial/program support as well as the initiative for developing and maintaining a computerized information and referral service for available child care. The position of employee/child care relations should be established at Honeywell for the purpose of coordinating child care activities. Work schemes such as permanent part-time employment, flexible work hours, and job sharing should be implemented. Honeywell should subsidize a percentage of employee child care costs for those employees earning less than $14,000 annually. Finally, Honeywell volunteers, both retirees and employees, should assist in providing on-location, after school, and overnight care for children. Two footnotes are included, and survey and financial information are appended. *Prepared by the Women's Task Force.*

166 *Client Expectation and Client Satisfaction With Community Mental Health Services: A Cross-Cultural Comparison Between Hispanics and Anglos.*
Joyce Shohet Ackerman
1981, 131p
SHR-0010105 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study investigated the relationships between client expectations of therapy and satisfaction with therapy in a Colorado community mental health center along with the influences of ethnicity and sex on such expectations and/or satisfaction. Research was conducted at the Weld Mental Health Center which serves a population that is 80 percent German in background and 15 percent Hispanic. The subjects were 108 Anglo and 15 Hispanic outpatients over age 18 of whom 90 were female and 33 were male. All had begun counseling between February and April 1981. Subjects completed questionnaires designed to measure their expectations before the first counseling session. A telephone and mail followup survey 3 months later resulted in 71 subjects completing a questionnaire on their satisfaction with the center's services. Expectations and satisfaction of Anglos and Hispanics were similar. Most clients expected less than six counseling sessions, that the counseling relationship would be shared between client and counselor, and that the cost of services would be based on economic needs. They also expected that the counselor would help them understand their problem and that most people initiate counseling a long time after a problem begins. Most subjects were satisfied with the center's services. Only Anglo women reported dissatisfaction with counseling, and only Anglo males indicated that the cost was too high. Generally, there was a poor relationship between client expectations and satisfaction. However, the less strong the stated goal of counseling at the beginning, the more satisfied subjects appeared to be with services received. Ethnicity was a poor predictor of satisfaction. The questionnaires and references are appended. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Education to University of Northern Colorado Graduate School, 1981.*

167 *Community Assessment, Health Care, and You: A Handbook for the Concerned Citizen.*
Mary Walker, Beth Monninger, and Donnie Robinson-Caire
Texas Rural Health Field Services Program, Austin.
Sid Richardson Foundation, Fort Worth, TX.
Moody Foundation, Galveston, TX.
Meadows Foundation, Dallas, TX.
Trull Foundation, Palacios, TX.
Sep 82, 37p
SHR-0009862 Available from Texas Rural Health Program, University of Texas. School of Nursing, 1700 Red River, Austin, TX 78701-1499.

This handbook is designed to help citizens of rural areas plan and organize an assessment of community health care needs in order to develop action plans to correct local health care problems. The guidelines cover the four steps of the community assessment process: preparation for the assessment effort, organization of an action group of volunteers who will work with community members to identify the health care concerns, community identification of problems and goals, and development of a community action plan. Specific activities include studying the community's local history and customs, gathering data from such sources as the library and local Chamber of Commerce, and labeling health resources on a State map. Additional activities include recruiting others to attend an organizational meeting, sharing information gained through the preparatory activities, recording the discussions held in the organizational meeting, and listing the responsibilities and tasks for the core action group. After gathering information from the community, the members of the core action group should meet with citizens in their respective areas to prioritize concerns in preparation for the development of a plan of action. The core action group can continue to inspire community action by assembling information that will help the community determine the feasibility of goals, by promoting the development of a plan of action, and by organizing town meetings to discuss the identified goals. Checklists and an outline of the kinds of information that might be included in a community health assessment are provided.

168 *Community Councils for Nursing Homes: A New Approach to Quality of Care.*
Jane Ellen Neubig and Jane L. Barney
Michigan Univ., Ann Arbor. Inst. of Gerontology.
May 81, 15p
SHR-0010022 Available from Wayne State University, Inst. of Gerontology, 300 North Ingalls, Ann Arbor, MI 48109.

Six community councils were organized in connection with nursing homes in southeast Michigan to test the hypothesis that community involvement will improve the quality of care in nursing homes. The councils were organized under an Administration on Aging demonstration program. Each council focused on a single home and was composed of its residents, their relatives, and local citizens. The council programs addressed resident needs through education, service, and advocacy. Council members sponsored recreational activities such as musical entertainment, parties, and ice cream socials. They also provided such direct services as the distribution of clothing and introduction of pet visitation days. Joint projects with nursing home staff included an ongoing volunteer training program, the joint sponsorship of educational programs, a resident newsletter, the establishment of a private visiting room, and sponsorship of staff development training in subject areas in which council members were experts. The council also conducted successful efforts to change a smoking policy, improve facility lighting, acquire laundry equipment, and achieve better staff supervision during social programs. The demonstration project showed that community councils can be organized and become effective. However, further demonstration and evaluation are needed to resolve such issues as sources of support for the organizing process and the relationship of the consumer and community roles to those of the business proprietor and administrator. Four references are listed.

169 *Containing Medical Care Costs Through Market Forces.*
Paul B. Ginsburg
Congressional Budget Office,
Washington, DC. Human Resources and Community Development Div.
May 82, 67p
SHR-0009840 Available from The Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 052-070-05736-0.

This report analyzes Federal proposals emphasizing greater reliance on the competitive market in the allocation of resources for medical care. Particular attention is given to options that would alter the tax treatment of employment-based health insurance and options involving the Medicare program. Cost sharing and alternative delivery systems (health maintenance organizations – HMO's) are the two distinct market-oriented strategies considered. Specific alterations possible in the tax treatment of employment-based health insurance include limiting exclusions, permitting tax-free rebates, and requiring multiple choices. Medicare-related changes propose offering Medicare vouchers and changing the Medicare reimbursement or benefit structures. Assessment of the potential of these strategies concludes that changes in economic incentives can slow the rise in medical costs and reduce Federal outlays on medical care. In the short run, the most effective approach is seen through the cost-sharing mechanism, though in the long run, HMO's might play an increasing role. Effects of market-oriented options may not appear large enough in the short run with regard to hospital costs. As a complement to the market-oriented options, prospective payment of hospitals may be considered, which is a regulatory approach in which third parties set rates for hospital payment in advance. Tabular data and footnotes are given.

170 *Cooperation in the Provision of Services: A Study of Massachusetts and Rhode Island Towns.*
Catherine L. Flynn, Carole A. Camp, and George R. McDowell
Massachusetts Univ., Amherst. Cooperative Extension Service.
Cornell Univ., Ithaca, NY. Northeast Regional Center for Rural Development.
1982, 42p
SHR-0010044 Available from Massachusetts Cooperative Extension Service, Bulletin Distribution Center, Cottage A, Thatcher Way, University of Massachusetts, Amherst, MA 01003.

The study examined the extent and character of interlocal cooperation in Massachusetts and Rhode Island towns, focusing on voluntary cooperative agreements (both formal and informal) among local governments. Private contractors and State and local governments were excluded. Officials were contacted in schools, public works, police, fire, libraries, parks and recreation, civil defense, community development, and in Massachusetts only, public health, and water and sewage departments. A total of 870 respondents completed the questionnaire, yielding an average return rate of 25 percent. "Cooperation" was defined as participation by the respondents with other local governments in such activities as exchange of information, mutual aid agreement, informal supply or receipt of services, supply or receipt of services by contract, and joint action. Most cooperation was informal and consisted either of the exchange of information or some form of mutual aid or informal exchange of resources. Most cooperation occurred in large-scale, noncontroversial services. Saving money was the main incentive for cooperative ventures. Loss of local autonomy and difficulty in allocating costs were noted as problems, but few respondents reported any problems. Departments varied greatly concerning the amount of cooperation reported and the perceived benefits and problems. Survey data are discussed in detail. Twelve tables and 20 references are supplied. *Local Government Program Series. SP-131.*

171 *Coping With Accountability: Guidelines for Supervisors.*
William D. Eldridge
1982, 8p
SHR-0009877 Pub. in Social Casework v63 n8 p489-496 Oct 82.

This article contends that the supervisory role is critical in ensuring that data on client outcomes and overall program impact are interpreted correctly for the agency by its direct service workers. It offers guidelines to help supervisors assess and improve their subordinates' evaluative competence and methods of accountability. The supervisor who intends to stimulate workers' use of evaluation should begin with the underlying values, principles, and theories of performance assessment and promote the understanding of these by staff, so that they can view the adoption of specific techniques as significant role expectations for themselves. The supervisor should teach and model productive attitudes to enable workers to feel comfortable, dedicated, and responsible for assessing input, process, and outcome of their interventions. Components of a worker's model for self-evaluation are specific behavioral objectives for self-improvement; systematic processes for collecting information relevant to work performance; identifiable decisionmaking points in the workflow; planned feedback opportunities; defined interventive inputs with procedures for determining the effectiveness of skills used; and specified methods for defining, observing, and recording treatment objectives and client outcomes. The supervisor is responsible for pointing out each worker's evaluative significance to the agency, reinforcing and rewarding conformity to evaluative standards, and emphasizing the value of workers' evaluative function to the organization's management scheme and philosophy. Positive and trusting relationships are necessary between a supervisor and the staff. The quality and accountability achieved by workers will contribute to the social service's emergence as a scientific and creditable activity. Competent evaluation is also a determinant for social service survival in the face of diminishing resources. The supervisory role should serve as an influence, model, and reinforcing factor in workers' evaluation efforts. A total of 41 footnotes are given.

172 *Corporate Philanthropy: Philosophy, Management, Trends, Future, Background.*
Council on Foundations, Inc., Washington, DC.
Aetna Life and Casualty Foundation, Hartford, CT.
Charles F. Kettering Foundation, Dayton, OH.
International Paper Co. Foundation, New York.
Levi Strauss Foundation, San Francisco, CA.
Weyerhaeuser Co. Foundation, Inc., St. Paul, MN.
1982, 160p
SHR-0009895 Available from Council on Foundations, Fulfillment Service, 7212 Lockport Place, Lorton, VA 22079.

Designed to promote more effective corporate philanthropy, the volume discusses major policy considerations and corporate philanthropy's management, new directions, future in America, and background. Issues examined include the need for reform and professionalism in corporate giving, the need for specific guidelines and evaluation of the results of corporate gifts, and the proper philanthropic role for U.S. corporations. Questions corporations must face include whether to take risks (supporting innovative solutions to social problems rather than just "safe" causes) and whether to cooperate with nonprofit groups and local governments to jointly seek solutions to community problems. Articles outline three models of philanthropy, a grass roots approach to giving, a new role for the corporate chief executive officer, a profile of the corporate contributions professional, goals and objectives of a corporate philanthropy program, policies and procedures for a corporate philanthropy program, and computer usage in grant making. Public relations policy, monitoring and evaluation of grants, corporate response to cuts in Government spending, tax considerations, public attitudes toward corporate philanthropy, the role of employees in a corporate philanthropy program, and other issues are also discussed. Additional topics examined include policy options for the level of giving, forecasting the role of corporate foundations, and a statistical analysis

172

of corporate philanthropy. About 40 articles compose the volume. A glossary and sources of information and resources are provided.

173 *Cost of Alternative Care Study.*
Steven S. Lazarus, Peter W. Edgerton, Brian J. Balicki, and Kenneth J. Deshaies
JRB Associates, Inc., Englewood, CO.
Montana Dept of Health and Environmental Sciences, Helena. Bureau of Health Planning and Resource Development.
22 Jul 80, 164p
SHR-0009951 Available from Montana Department of Health and Environmental Sciences, Bureau of Health Planning and Resources Development, Cogswell Bldg., Room C211, Helena, MT 59620.

The feasibility of establishing long-term care programs as alternatives to nursing home care for the elderly in Montana was studied. The study's conclusions were based on a literature review, a survey of 1,500 elderly persons throughout Montana, and cost and volume estimates for alternative services. One of the alternative care models considered was the community care organization, in which a local organization provides screening, assessment, and case management services to elderly and disabled persons who cannot function independently. The second model was the long-term care channeling program, which is similar to the community-based model except for the requirement for multiagency participation at the State level and a more uniform structure across all projects. The third model was the congregate housing services program, which provides a limited number of nonmedical support services to elderly and handicapped residents of housing of the Department of Housing and Urban Development. The survey of elderly residents of Montana revealed that functional abilities for the elderly appear to be fairly stable until at least age 75. The population at risk for institutionalization is generally aged 75 or over; the risk increases with age. The data did not indicate the need for significant numbers of additional nursing home beds in Montana in 1980. Data tables, descriptions of operational alternative projects, an annotated list of significant documents, a bibliography listing about 175 references, and appendices presenting the survey instrument and additional data are included.

174 *Critical Issues Relating to Indirect Service Approaches to Social Welfare Problems.*
Arthur Schiff
Welfare Research Inc., Albany, NY.
Office of Human Development Services, Washington, DC. Div. of Research and Demonstrations.
Social Services Research Inst./Welfare Research Inc., Washington, DC.
Jul 82, 43p
SHR-0010028 Available from WRI, 112 State Street, Albany, NY 12207.

This paper addresses issues and problems posed by the use of indirect service approaches to governance at the local, State, and Federal levels. Indirect service approaches are ways of using available methods of governance to address human needs; for example, regulation and deregulation, taxation or tax relief, corporate financing, public agency policies, administrative changes, and community self-help efforts. Federally funded indirect service demonstration projects are the information source of this report. Successful indirect services implementation depends on the use of cost-benefit analyses, problem conception and quantification, and program evaluation as planning components in service strategy development and on the involvement of central and regional Federal program officers in disseminating planning approaches to indirect service among local jurisdictions. The planning phase must emphasize consensus building and marketing activities to win the support of mayors' offices, State and local legislatures, zoning boards, unions, professional associations, advocacy groups, public agencies, and numerous other institutions. The cost of indirect service strategies should be considered in the planning process, and expenditures placed either on the largest population possible or on the population to benefit most from the service. Planners must clarify whether an approach will represent a cost to the local, State, or Federal governments. Estimating the number of people or service units to be affected by the delivery of the indirect service is also essential. Furthermore, measurable objectives must be set for evaluation. Before embarking on the replication of an indirect service program, social situation factors must be examined in addition to the documentation from the project to be replicated. A total of 13 notes are given.

175 *Depression in the Long-Term Care Facility.*
Zoe Elizabeth Green
North Texas State Univ., Denton.
Center for Studies in Aging.
Apr 79, 70p
SHR-0010040 Available from
Center for Studies in Aging
Resources, PO Box 13438, North
Texas Station, Denton, TX 76203.

The paper examines depression in the aged living in long-term care facilities. It presents definitions and categories of depression, explains organic brain syndrome and senility, and lists symptoms of depression in the aged. Case histories of depressed aged persons residing in long-term care facilities are given. Ways of treating depression pharmacologically and psychologically are explained, as well as the self-destructive behavior emanating from depressive states. A concluding chapter discusses an inservice training program for the staffs of long-term care facilities that deals with nonmedicinal psychotherapeutic approaches to treating depression. Chapter bibliographies, an outline of the training program, and 28 references are supplied. *Number 18 of Center Studies Series.*

176 *Development of Standards and an Evaluation Procedure for Primary Prevention Programs in Mental Health Centers.*
Adrian Leslie Robinson
1979, 357p
SHR-0010106 Available from
University Microfilms International,
300 North Zeeb Road, Ann Arbor, MI
48106.

This dissertation developed standards for evaluating primary prevention mental health programs that focused on service quality, based on a method tested on 11 primary prevention programs in California's San Diego and Los Angeles Counties. A literature review covers primary prevention theory and research, the evaluation of indirect services, and survey research. Because traditional evaluative measures – times client seen, outcomes, and recidivism rates – are extremely difficult to obtain in prevention programs, this project used a correlation research design to examine the interrelationships of variables contributing to program quality. This effort produced 24 variables addressing programming, theory, evaluation, research, and needs assessment. The Primary Prevention Evaluation Questionnaire (PPEQ) was developed to collect data through structured interviews. This method was tested on programs of varying sizes – six in San Diego County and five in Los Angeles County. The PPEQ was scored according to the standards and the results were reported in profile form for each program and the group. These profiles were compared to norms set by the group and an ideal profile developed from data provided by authorities on primary prevention. Test results showed that prevention programs in the older agencies tended to have more activities, be associated with a larger variety of schools, and employ standards in their evaluation procedures. The 24 indicators were able to discrimi-

176

nate between high and l[illegible]ms on most variables tested. Respondents also gave their definitions of primary prevention and ranked theoretical and ideal programming concepts. The study concluded that the PPEQ was a successful evaluation measure and that test results demonstrated a positive relationship between good understanding of primary prevention theory and program development and implementation. Tables and over 100 references are included. Appendices present the PPEQ, evaluation standards, and other research materials. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Professional Psychology to United States International University, 1979.*

177 *Drugs and Health: Economic Issues and Policy Objectives.*
Robert B. Helms
American Enterprise Inst. for Public Policy Research, Washington, DC. Center for Health Policy Research.
1981, 344p
SHR-0009848 Available from American Enterprise Institute for Public Policy Research, 1150 Seventeenth Street NW, Washington, DC 20036.

The text contains 10 papers and a panel discussion on public policies toward the pharmaceutical research and development (R and D) process. Commentaries accompany each paper. Papers analyze the level and composition of R and D expenditures and the effects of changing expectations on the drug industry's structure. They examine how pharmaceutical firms have responded to regulation, compare pharmaceutical firms' R and D decisions in the 1960's and 1970's, and examine the economics of clinical testing. Other papers assess the drug industry's competitiveness, based on drug price changes in the Netherlands and the United States; look at changes in market shares of drugs after their patents expire; analyze how physicians learn about, choose, and use drugs; and examine how the drug industry responds to physicians' demands for information and new products. Discussions also focus on the effects of cimetidine, a new ulcer drug, on health care expenditures; the methodology of cost-benefit analysis in health; the effects of public policy on the social benefit derived from innovation and imitation of drugs; and the direction of research relating to drug safety regulation. Figures, tables, footnotes, and a list of nine selected publications are supplied. *Proceedings of a conference held in Washington, DC, November 15-16, 1979. AEI Symposia, no. 81B.*

178 *Effect of Foster Parent Selection and Training on Service Delivery.*
Ronald D. Simon and Denise K. Simon
Nova Univ., Fort Lauderdale, FL.
National Inst. of Mental Health, Rockville, MD.
Florida State Dept. of Health and Rehabilitative Services, Tallahassee.
1982, 10p
SHR-0010057 Pub. in Child Welfare v61 n8 p515-524 Nov/Dec 82.

An evaluation of the effect of Nova University's foster parent selection and training program in Florida's Department of Health and Rehabilitative Services examined foster parent reactions to mandatory training and differences between trained and untrained homes regarding the amount and quality of care provided as well as the type of children placed. Data were obtained from agency records on 36 foster parents licensed before institution of the mandatory training and compared to 29 homes licensed after having undergone the training program. No empirical evidence indicated that the introduction of mandatory preservice foster parent training negatively affected licensing rates, which increased by 21 percent after the institution of training. Moreover, trained foster parents in the first year after licensing accepted, on the average, about twice the number of placements and provided more child care days of service than did the comparable control groups of untrained foster parents. Children placed in trained homes were on the average those considered more difficult – as indicated by the childrens' frequency and duration of placements. Finally, the replacement rate in trained homes was significantly less than in untrained homes. Trained homes were half as likely as untrained homes to have foster children removed because of their inability to control the child, to have placements classified as failures, or to initiate requests for the agency to remove a particular foster child. Tabular data and one reference are given.

179 *Effect of Quality Assurance Activities on the Quality of Mental Health Services.*
Carole Sinclair and Mark Frankel
1982, 9p
SHR-0009865 Pub. in Quality Review Bulletin v8 n7 p7-15 Jul 82.

This article discusses methods and concerns of implementing a quality assurance model in a children's mental health center. The model described was implemented at the Dellcrest Children's Centre in North York, Canada. It is applicable to the center's clinical service areas and has five components: development of standards, promotion of standards through a training program for clinical supervisors, review of randomly selected cases by an audit clerk through examination of client records and use of a staff questionnaire, review of smaller numbers of randomly selected cases by a quality review panel; and confidential feedback to clinicians and supervisors about adherence to standards. The model's effectiveness was tested on two outpatient treatment programs at Dellcrest. Each program was divided into two smaller units, serving as control and experimental groups (i.e., with and without quality assurance activities) under separate supervisors. Measures of quality and staff morale were the case record evaluation instrument, a 63-item staff questionnaire, and the Moos Work Environment Scale. Study results indicated that participation in the quality assurance activities had a significant, positive impact on the quality of service delivered to clients. Moreover, quality assurance activities appear to have a generalized, educational impact, rather than a short-term impact dependent on the possibility of face-to-face review. The effect on staff morale was also found to be neutral or positive, rather than negative. Tabular data, charts, and a 20-item bibliography are given.

180 *Effect of the Availability of Family Support Services on Decisions About Child Placement.*
Charles A. Rapp
1982, 7p
SHR-0009928 Pub. in Social Work Research and Abstracts v18 n1 p21-27 Spring 1982.

The article details a study of 542 child welfare workers of the Illinois Department of Children and Family Services. Data collected on the workers showed that they were characterized by limited social work education, were new to the agency, and recently had been placed in their current position. Five simulated cases were given to the workers who were asked to decide if the child in each case should be placed in foster care or be maintained at home. The study hypothesized that the availability of optimal family support services would attenuate the need to place. The experimental group received an inventory of short descriptions of possible services to which they could refer while completing the questionnaire. The second group did not receive the inventory. Results indicated that availability of these alternative services had little influence on workers' decisions to place children. Implications of study findings are discussed. Four tables and 21 reference notes are provided. Individual reprints of this document are not available from the National Association of Social Workers.

181 *Elderly Private/Public Partnerships: An Issues Paper.*
William A. Scharf
Progress Associates, Inc., Allentown, PA.
Pennsylvania Dept. of Aging, Harrisburg.
1981, 27p
SHR-0009925 Available from Department of Aging Press Office, Room 413, Financing Building, Harrisburg, PA 17120.

The paper discusses the need for private sector-public sector partnerships in Pennsylvania to solve problems confronted by the elderly. Seven areas in which corporations have become involved in elderly programs are income-oriented programs, education, recreation, loaned executives, volunteers, health care, and grants and financial support. Other areas that could benefit from corporate involvement in Pennsylvania are transportation, housing, and employment and training in new, part-time careers. One type of private-public elderly partnership is the Elderly Ventures Corporation, a risk capital-formed corporation with support from existing corporations and others, which provides a needed service or product not available in the free enterprise market. Potential market areas for the Ventures Corporation could include housing rehabilitation for the impaired elderly, kitchen and baths with adjustable features, electronic home monitor and personal safety devices, leisure and employment services, health-wellness centers, barter and volunteer coordination services, and home maintenance and home health programs. The Pennsylvania Department of Aging should establish a task force on elderly private-public partnerships as part of its goal to avoid the establishment of new governmental bureaucracies. Finally, the State Department of Aging should initiate a set of strategies aimed at the creation of locally relevant aging private-public partnerships.

182 *Employers as Partners: A Guide to Negotiating Jobs for People With Disabilities.*
Charles Galloway
California Inst. on Human Services, Rohnert Park.
Times Mirror Co., Los Angeles, CA.
California State Dept. of Rehabilitation, Sacramento.
1982, 42p
SHR-0009996 Available from California Institute on Human Services, Sonoma State University, 1801 E. Cotati Avenue, Rohnert Park, CA 94928.

This book describes a model program and identifies successful strategies for increasing job opportunities for the disabled in the private sector. The program was a collaborative effort involving the California Department of Rehabilitation, the California Institute on Human Services of Sonoma State University, and The Times Mirror Company. The program is based upon the employer accounts strategy, which is an approach for negotiating options for people with disabilities that centers on a partnership between the employer and rehabilitation professionals. The strategy emphasizes the establishment of mutually beneficial arrangements in which a rehabilitation agency offers a package of services in exchange for improved employment opportunities for the agency's clients. Two research steps which should occur before actual negotiations include determining the agency's bargaining position and rating employers' qualifications as accounts. In preparing the case for presentation to the employer, major concerns focus on negotiation techniques, effective selling points, and the contact itself. It is important to emphasize the fact that applicants are ready and eager to work or have sufficient instructional support to allow them to become qualified on the job. As a group, employees with disabilities rank average or better on job stability, safety, attendance, and job performance. Sketches and a 22-entry bibliography are provided.

183 *Essential Considerations in Implementing an Integrated Management and Planning System for Long-Term Care Institutions.*
Jerry L. Norville
1979, 23p
SHR-0009874 Pub. in The Jnl. of Long-Term Care Administration v7 n1 p24-46 Spring 1979.

This article focuses on essential considerations in implementing the Management and Planning System (MAPS) model in long-term care facilities. Administrators should initially address whether the system is needed at the specific institution, whether it is feasible for the organization, and how it can be implemented with the highest probability of success. Determining feasibility entails such considerations as the organization's social climate, organizational stability, compatibility of MAPS and prevailing management philosophy and leadership style, existing policies, time availability and management talents, and cost-benefit expectations from MAPS. Implementation of MAPS must be tailored to the unique needs of particular institutions, although basic components of the implementation process will consist of the following phases: initial planning, training, accomplishing the actual implementation, and evaluating the effects of MAPS. Administrators should anticipate that MAPS implementation will yield many valuable benefits, but they should adopt the system only after careful consideration of the factors presented here. The appendix contains worksheets intended to facilitate the process of MAPS implementation. Four references are given.

184 *Ethics in the Public Service.*
Joseph F. Zimmerman
1982, 9p
SHR-0010050 Pub. in State and Local Government Review v14 n3 p98-106 Sep 82.

Standards governing conflict of interest, financial disclosure, public meetings, freedom of information, and privacy laws and codes of ethics seek to raise ethical conduct. The last – codes of ethics – deals with the more subtle ethical problems. Among the most intractable ethical problems in government service are violations of time rules, sick leave abuses, officials exceeding their legal authority, the revolving door problem, whistle-blowing, and abuse of citizen participation. While codes of ethics can help raise standards of conduct, the codes need to be supplemented by actions removing or reducing the opportunity for unethical behavior, including more rigorous screening of applicants and adequate salary scale. Footnotes and 22 references are provided. (Author abstract modified).

185 *Exploratory-Descriptive Study of Interorganizational and Case Coordination Programs for the Multi-Problem, Frail and Minority Elderly.*
Valerie Cecile Jurkiewicz
University of Southern California, Los Angeles. Social Policy Lab.
Administration on Aging, Washington, DC.
1980, 295p
SHR-0010082 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

The study investigates current interorganizational and case coordination programs for the multiproblem, frail, and minority elderly. The need for a coordinated approach to service delivery for these special elderly clients is manifested by the lack of a "holistic" approach to clients who have multiple service needs. A national survey and five site studies were used to gather descriptive data about current interorganizational and case coordination programs. The national survey instrument, a mailed questionnaire, elicited responses from 368 programs. Of these, 336 identified themselves as providing case coordination services. The site studies included 68 interviews with program administrators, key directors, and supervisory staff. Findings from the national survey showed that most case coordination programs for the elderly were fairly new, had small but professional staffs, had multiple funders, and were often responsible for more than one type of function. Formal programs emerged more often in larger communities, while informal programs appeared in rural environments. Site interviews showed that all visited programs had multiple sources of categorical funding, which complicated program administration and practice. Four major recommendations are offered to resolve remaining design and implementation problems. Study instruments and materials and 131 references are provided. (Author abstract modified) *Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to University of California, Los Angeles, 1980.*

186 *Factors in Nursing Home Settings That Affect the Psychological Well-Being of Residents.*
Jacqueline Driver
1978, 7p
SHR-0009918 Pub. in Long Term Care and Health Services Administration v3 n4 p325-331 Winter (Dec) 1979.

Nursing homes that expect adult behavior of residents can carry on a program of activities that will enhance residents' lives. Residents need to feel loved and accepted as dignified human beings and need to feel significant in the lives of others. The nursing home can provide creative outlets for patients, such as crafts, workshops, gardening, etc.; can acknowledge significant events in residents' lives (i.e., birthdays, grandchildren, etc.); and increase residents' sense of worth by encouraging residents to volunteer for charity events, tutoring, and other community service activities. Nursing homes must find innovative ways of overcoming the institution's lack of sensory stimulation, personal space, and isolation from other people. Society must accept growing old and death as part of the normal life cycle; otherwise, the stigma attached to being in a nursing home will remain. Eight references are supplied.

187 *Families and the Nursing Home Social Worker.*
Roberta R. Greene
1982, 11p
SHR-0009927 Pub. in Social Work in Health Care v7 n3 p57-67 Spring 1982.

The article focuses on ways in which the changing American family can become a positive part of the life of the nursing home resident through social work intervention. The role of the social worker in the nursing home as it relates to families may vary from one nursing home to another. Ideally, the social worker's role starts with preadmission planning so that both resident and family are prepared for entry into the nursing home. Ongoing case services with the resident and family, as well as group discussion, could facilitate the resident's adjustment to the home and help keep the family involved in the life and care of the patient. The social worker's role should also include working with the nursing home's staff to improve routines, procedures, and policies to enhance the quality of life of the residents. Thus, social workers must view the nursing home as a system where they can help develop a therapeutic atmosphere with open communication for all involved. A total of 12 references are provided. *Earlier version of this paper was presented at the Second Annual Workshop sponsored by the Metropolitan Washington, D.C. Chapter, National Association of Social Workers, Long Term Care Committee, November 18, 1981.*

188 *Family and Public Policy: The Issue of the 1980's.*
John J. Dempsey

1981, 169p
SHR-0009948 Available from
Brookes Publishing Co., PO Box
10624, Baltimore, MD 21204.

This book traces the emergence of the family as a public policy issue from the colonial period to the present, with particular attention to the progressive involvement of the political and scientific communities in family issues and the 1980 White House Conference on Families (WHCF). A historical overview emphasizes the dramatic changes occurring in the family between colonial and contemporary times as a result of industrialization, urbanization, technological advances, and the growth of scientific and professional interest in families. The next chapter surveys the evolution of family public policy from its origins in the mid-1960's, as demonstrated by major books, articles by legislators, congressional hearings, and a sampling of the professional literature. It concludes that no consensus exists on the feasibility of an explicit family policy or what form it should take. An exploration of important issues involved in developing a national family policy addresses abortion, adolescents and parental consent, disability, poverty, home mortgage rates, and flexitime. A preliminary assessment of the WHCF notes that the conservative view opposing Government intervention in family matters gained attention, although most representatives felt that more but better Government assistance was needed for families. Other Government efforts to help families are detailed, such as HHS's Office for Families and the WHCF's final report. The final chapters discuss conceptual models for family policy analysis and future trends in family policy. The appendices contain 60 recommendations from the WHCF. References and an index are provided.

189 *Family Councils in Nursing Homes: A Guide to Development.*
Gayle M. Boyle and Barbara K. Kauffman
Ebenezer Center for Aging and Human Development, Minneapolis, MN.
Minnesota Board on Aging, St. Paul. Long Term Care Ombudsman Program.
1981, 63p
SHR-0009999 Available from
Ebenezer Center for Aging, 2722
Park Avenue, Minneapolis, MN
55407.

The family council is an approach to encourage meaningful family participation in the nursing home. Meeting together on a regular basis, relatives or supportive friends explore common concerns, share ideas, and act on issues that relate to the needs of residents. The purpose is to understand and participate in the planning and decisionmaking in the facility, and to contribute to the quality of life in the nursing home. Assessing the facility's readiness for family council development sets the stage for the step-by-step establishment of one. The assessment should provide an estimate of the available resources, names of key staff to involve, preliminary goals for family council activity, and ideas for introducing the concept. Development efforts focus on introducing the concept to the staff, organizing a planning committee, building a framework for operations, and launching the project. A family council's flexibility in adapting to change is essential in maintaining the viability of the group over a long period of time. Ongoing recruitment is essential to maintaining a working group. Initially, the family council may focus on one or two limited projects; as the council matures, it may wish to add new projects or to emphasize service or advocacy to varying degress. Surveys, newsletters, and handouts are appended; a seven-entry bibliography and four references are included.

190 *Family Daycare Network: A Childcare Program for Working Parents and Employers.*
Karen Marsh

Family Day Care Network, San
Francisco, CA.
Oct 80, 30p
SHR-0010023 Available from
Boulder Child Care Support Center,
2160 Spruce, PO Box 791, Boulder,
CO 80306.

This document describes a landmark program in employment-related child care offered to working parents and employers in San Francisco. The Family Day Care Network, a nonprofit State demonstration child care service under the sponsorship of a neighborhood assistance agency, is serving parents working in 11 hospitals, the University of San Francisco, and the Sheriff's and Police Department. Nine child care sites are located throughout the city near the work sites being served. Plans are underway to add 15 to 20 additional sites. Experience from this program is cited to counter the major arguments most employers raise against involvement in child care. For example, choice of the family day care home model circumvented high startup and operations costs of other model types. Adequate space for day care settings was made affordable by classifying day care providers as self-employed in their own homes, entitled to writing off housing as a business expense. Filling the programs to capacity was facilitated by serving 14 different employers, and the home care feature enabled flexibility in providing services for special needs, such as night and weekend care. Above all, with this model employers need not become involved in the child care business; they can contract with the network for services and forgo involvement with operating problems, liability, or quality control issues. Charts and tabular data are given. Appended are samples of the press coverage given the project.

191 *Family-Strengthening Programs, Delinquency Prevention, and Program Evaluation: An Assessment of Efficiency and Utilization.*
Joseph Francis Famiglietti
1981, 305p
SHR-0010095 Available from
University Microfilms International,
300 North Zeeb Road, Ann Arbor, MI
48106.

This dissertation reviews evaluations of 21 programs attempting to prevent juvenile delinquency through improving the families of at-risk children and then addresses the use of such evaluations. Program evaluations were selected from the literature and personal contacts and divided into three categories: home-based, family-centered programs; emergency/runaway shelters; and group homes. Individual analyses of the 21 programs include a description of the project and its evaluation along with a critique of the results' validity and the methodology. A summary notes that three conditions limit these evaluations' usefulness to social service professionals: the fugitive nature of evaluations whereby they are infrequently published in conventional sources, their parochial nature which makes comparisons difficult, and poor research practices. Examples of the last problem are incomplete program descriptions and inadequate data, exclusion of information on program dropouts, few qualitative research methods, and failure to measure outcomes in terms of impact on family life. Only a few evaluations were rigorous enough to permit conclusions about the efficacy of family-strengthening programs. The Western States Youth and Family Institute and the Oregon Social Learning Center were effective home-based, short-term efforts using behavioral modification to remediate and prevent family crises. The evaluations on shelters suggested that many youths are helped with family relationships and do return home, but they also highlight the need for long-term services for juveniles who do not return home or run away again. Group home evaluations produced little data relevant to the issue of efficacy. The final chapter explores the use of evaluations, based on interviews with 35 evaluators and program managers drawn from the reviewed programs.

Tables, about 100 references, and the interview forms are provided. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the University of Washington, 1981.*

192 *Federal Housing Assistance: Alternative Approaches.*
Martin D. Levine
Congressional Budget Office, Washington, DC. Human Resources and Community Development Div.
May 82, 88p
SHR-0010002 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 052-070-05735-1.

This publication describes current Federal housing assistance programs and analyzes several comprehensive housing policy options. Under most programs, the Government makes multiyear commitments to pay subsidies equal to the difference between a fixed proportion of income that households are expected to contribute to their own housing expenses and the full market cost of the dwellings they occupy. Alternative approaches that would continue to expand housing aid include housing vouchers, block grants, and a multiple-program approach involving separate lower income assistance and production subsidy programs. Housing vouchers, which could be used to aid homeowners as well as renters, would concentrate resources on alleviating housing cost burdens among the poor. Block grants would be spent by State and local Governments under programs of their own design. The multiple-program approach would encompass elements of the other two alternatives. Separate programs would be used to pursue separate policy objectives. Ten tables and 20 footnotes are provided, and a comparison chart is appended. *A CBO Study.*

193 *Financial Resource Management for Nonprofit Organizations.*
Leon Haller
1982, 191p
SHR-0009982 Available from Prentice-Hall Inc., Englewood Cliffs, NJ 07632.

This book provides managers of small nonprofit organizations with practical guidelines for understanding resource needs, translating them into useful budgets, and controlling financial expenditures. An overview emphasizes that nonprofit organizations are innovative forces in the economy and are managers of resources rather than charity distributors. The next three chapters explore planning in the context of establishing the basic elements of financial management, organizing peoples' efforts, formulating programs, costing a project, and budgeting on a 90-day and annual basis. The book then examines the role of management procedures and controls in implementing projects. Topics addressed include the budget approval process, purchasing, paying bills and recordkeeping, financial reporting, and cash flow problems. Guidelines for determining the risk and feasibility of not-for-profit businesses are described, as are factors to be considered in organizing enterprises run for the benefit of consumers who are also owners. The sections on other facets of operating an economic enterprise analyze the relationships among income, costs, resources, and financing as well as depreciation. They also discuss pricing mechanisms, illustrated by a retail food cooperative, and volunteer or in-kind contributions. The final chapter focuses on governing boards, their purpose, composition, and function in financial management. The appendices contain lists of management support organizations, accountants in the public interest, Small Business Administration (SBA) offices, and SBA publications. Tables, diagrams, and references are provided.

194 *Florida's Implementation of the Federal Block Grants.*
Robert Bradley and Karen Fausone
Florida Advisory Council on Intergovernmental Relations, Tallahassee.
Apr 82, 186p
SHR-0010049 Available from Florida Advisory Council on Intergovernmental Relations, Suite 400, Lewis State Bank Building, Tallahassee, FL 32304.

The study assesses Florida's experience with the new block grants 6 months after their enactment. General provisions in the block grant legislation are described for the nine new block grants – alcohol, drug abuse, and mental health services; community development; small cities; community services; elementary and secondary education; low-income home energy assistance; maternal and child health; preventive health and health services; primary care; and social services. The descriptions provide an overview of the financial, administrative, and programmatic aspects of the block grants. Other chapters explain the Federal fiscal 1982 budget process, the new block grant regulations, and the meaning of block grant legislation. The block grants increase State responsibility for program planning, monitoring, and evaluation. Florida is administering five of the nine new block grants, and others will be picked up later. An assessment of Florida's handling of the block grants finds that the legislature and the governor acted prudently to preserve the integrity of programs consolidated under the block grants. However, policy development, both in the legislative and executive branches, has been too narrow. State agencies have not established models of compliance which would promote the benefits envisioned in the new federalism. State planning has been subordinated to the exigencies of the budgetary situation prevailing in each agency, which has resulted in neglecting some of the opportunities created by the block grants. Tables, maps, figures, and lists of grant proposals and of grant programs slated for consolidation are included. (Author abstract modified).

195 *Foster Parent Adoption: A Literature Review.*
William Meezan and Joan F. Shireman
Children's Bureau, Washington, DC.
1982, 11p
SHR-0010059 Pub. in Child Welfare v61 n8 p525-535 Nov/Dec 82.

To assist agencies concerned with converting foster homes into adoptive homes, this article reports pertinent findings gleaned from research and practice literature. The review concludes that adoption by foster parents can be a satisfactory permanent plan for both parents and children. The progression from foster home to adoptive home is not, however, a natural transition. Extensive and sensitive casework is needed to help a child resolve ties to former homes so that the adoption can be fully accepted, and to help foster parents weigh and accept the particular responsibilities of adopting. Without this help, there is danger of unhappiness and a feeling of not belonging or of disruption of the adoption. The policy changes of recent years that have blurred the distinction between foster homes and adoptive homes, while useful, may have encouraged workers to expect homes that care for a child over an extended period to want or be able to adopt. About one-fourth of foster families do not want to adopt children, and another quarter have difficulties after they adopt. The literature suggests that preparation for adoption and followup can help mitigate these difficulties. A total of 27 references are given.

196 *Fundraising for Early Childhood Programs: Getting Started and Getting Results.*
Matia Finn

National Association for the
Education of Young Children,
Washington, DC.
1982, 75p
SHR-0009947 Available from
National Association for the
Education of Young Children, 1834
Connecticut Avenue NW,
Washington, DC 20009.

Prepared for relatively small programs that serve preschool children and their families, this guide reviews ways to organize an ongoing fundraising program, fundraising methods, and sources of financial support. Reductions in Federal funding threaten many programs for young children – such as home visitation projects, services for the handicapped, parent support groups, and day care – and they must now look to State governments and the private sector for aid. Following a glossary of terms used in professional fundraising, the book addresses factors that an organization should analyze before developing a permanent fundraising component, such as tax status, the board of director's role, and budgets. Specific methods for raising money are surveyed, including grants, special events, annual giving, capital campaigns, federated campaigns, deferred giving, memorial giving, and mail appeals. The chapter concerning sources of support considers individual donors as well as corporations, foundations, and government. It suggests ways to approach each source and discusses how each can most effectively benefit organizations serving young children. The concluding sections present guidelines for writing proposals, using volunteers, and hiring professional fundraisers. The appendices contain references, lists of organizations providing fundraising information and services, excerpts from a funding proposal for a home-based program for handicapped infants, and standards for charitable solicitations.

197 *Gaining Momentum for Board Action.*
Arty Trost, and Judy Rauner
1983, 104p
SHR-0009943 Available from
Marlborough Publications, PO Box
16406, San Diego, CA 92116.

This manual provides guidelines for increasing the effectiveness of board members of human service agencies, schools, religious organizations, and hospitals. The manual is designed both for self-instruction and for use as a reference by board leaders, board members, staff, and consultants. Guidelines on the basic responsibilities of a board member cover the expectations held by others and a list of the basic organization materials which are necessary for informed, appropriate, and legal decisionmaking. The formal and informal structures of the board are also explained. Advice is also given on how to gather information about the organization and its community, how to plan more effectively, how to conduct fundraising efforts, and the information needed by board members regarding an organization's finances. Additional information focuses on publicity activities and future planning, personnel policies, board member recruitment, leadership development, and actions that help a board work on a task and build board cohesiveness. Relationships between the board and staff members, factors that enhance teamwork, and the assessment of board effectiveness are also covered. Worksheets are included. A total of 11 reference notes and 17 references are listed.

198 *Harlem Valley Psychiatric Center: Metamorphosis of Old Custodial State Mental Institution to Modern Community Psychiatric Center, July 1974–June 1978.*
James Lewandowski and Deena
Tannenbaum
Feb 79, 29p
SHR-0009949 Available from New
York State Office of Mental Health,
Division of Project Planning and
Development, Albany, NY 12237.

198

The transformation of the Harlem Valley Psychiatric Center from a traditional, custodial, and rural mental institution into a comprehensive community mental health center serving a catchment area with a population of about 650,000 is described. The center, which opened in 1924, is located on a 900-acre site in a rural community about 80 miles north of New York City. Its patient population reached over 5,300 at its peak in the 1950's. The center's transformation to a community mental health center took place between 1974 and 1978. The changes began with a major reorganization into units corresponding to geographic sections of the catchment area. The results of this change were a reduction in the institution's budget and inpatient census, a sharp increase in the outpatients served, and a significant change in the type of staff employed by the facility and the roles of the staff. Other changes were a substantial growth of family care services for the previously institutionalized population and the establishment of a comprehensive community service network containing 28 day and residential programs located over a large geographic area in southeastern New York. Maps, data tables, a list of two references, and an extensive appendix describing the human services delivery system are included.

199 *Health Care Vouchers and Competition.*
Greta Magill
Institute for Health Planning, Madison, WI.
Health Resources Administration, Hyattsville, MD.
Oct 82, 27p
SHR-0010035 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

The possibility of using voucher systems and other measures to promote competition and cost containment in health care delivery is examined. Measures designed to strengthen market forces in health care include cost-sharing, participation in alternative health care delivery systems, the provision of multiple options in health insurance plans, reform in the tax treatment of employee health insurance benefits, and voucher systems for employee groups, the elderly, or the poor. Vouchers may give the poor the chance to take part in the medical care system on equal footing with the more wealthy. They would probably also promote the development of a large variety of health care plans and competition among these plans. However, if participation in a Medicare voucher system were voluntary, adverse selection – the practice of choosing a plan based on the expected use of services – might create problems. High-risk beneficiaries would tend to remain in the traditional Medicare program and thereby increase the costs to Medicare. Private plans could find competition with Medicare difficult because of the need to cover developmental, marketing, and administrative costs and higher claims payment rates. Providers might also be exposed to higher levels of bad debt if many beneficiaries chose cost-sharing plans and could not pay their shares. Vouchers might also provide a politically more feasible way to reduce the Federal commitment to the health care needs of the elderly and the poor. Twenty-seven reference notes are included.

200 *Hispanic Elderly: La Fuente de Nuestra Historia, Cultura y Carino. Report of a Conference, September 16 and 17, 1981, Rockville, Maryland.*
Paquita Vivo and Carmen Delgado Votaw
Public Health Service, Rockville, MD.
1981, 168p
SHR-0010003 Available NTIS PC$16.00/MF$4.50

This document contains the keynote speeches and workshop presentations from the 1981 conference on social service needs and health care problems of the Hispanic elderly. The principal address provided an overview of the demographic, social, and health characteristics of the elderly Hispanic population. It noted that while the proportion of older Hispanics is growing steadily, this generation may lose its traditional helping networks as younger Hispanics adopt the American lifestyle. A representative from HHS discussed the impact of its programs on Hispanics, emphasizing the need for Spanish-speaking professionals to work with the elderly. The workshops focused on four main themes: financing health care of the Hispanic elderly, the health care needs of this group and their implications for training and education, research priorities and alternatives relating to the Hispanic elderly, and special health services. Individual papers described a model for developing community-based health care programs for the Mexican-American elderly, research programs of the National Institute on Aging, decisionmaking for the long-term care of frail elderly Cubans, and research activities of the Pan American Health Organization. Presentations on special health needs considered nutrition, outreach programs, mental health concerns, and treatment for depression. The report's final section outlines recommendations on future policies that stemmed from the workshops and conference discussions. The appendices contain the conference agenda, a fact sheet on the Hispanic elderly, and a directory of Hispanic specialists on aging. References accompany many presentations. *Conference held in celebration of National Hispanic Heritage Week.*

201 *History, Development, and Current Status of Suicide Prevention Programs in the United States, 1955-1979.*
Shirindokht Aboosaidi
1980, 197p
SHR-0010089 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This historical analysis of the growth of suicide prevention programs over the past two decades addresses events and circumstances leading to their establishment, training methods, and counseling techniques. A literature review considers the following areas: sociological and psychological views of suicide, the history of prevention services, general studies in suicide prevention, suicide prevention counseling, and alternative training programs. A survey of suicide prevention programs in the United States divides them into four chronological periods: 1955 to 1965 – establishment of experimental programs; 1965 to 1970 – a period of rapid growth in services which emphasized record keeping and making client contacts; 1970 to 1975 – beginnings of evaluations and effectiveness research; and 1975 to present – increasingly worldly programs improving in educational, statistical, and training methodology in community involvement. The study then discusses the American Association of Suicidology, founded in 1968, and programs it has certified in Los Angeles, Calif., Gainesville, Fla., Jacksonville, Fla., Baton Rouge, La., and Detroit, Mich. It also describes an independent project, the San Francisco Suicide Prevention Center. Areas covered in the program reviews include history, objectives, services, special programs, and training. A summary notes that the growth of suicide prevention programs has been haphazard, uncoordinated, and even largely uncharted. Crisis centers now hold two operational principles in common, emergency centers and suicide prevention. However, there is no evidence that any programs have decreased the suicide rates in the areas they serve. The study concludes with recommendations regarding future research that could improve these programs' effectiveness. Tables and references are included. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the University of Michigan, 1980.*

202 *Home Care: Hospitals Rediscover Comprehensive Home Care.*
Evelyn McNamara
1982, 7p
SHR-0009906 Pub. in Hospitals v56 n21 p60-66 1 Nov 82.

Home health care should be considered a viable modality within the continuum of the health delivery system. Growing demands for alternatives to institutional care, protests against increasing hospital costs, and searches for more cost-effective means of providing care all give new impetus for expanding home health care. Home care today combines health care services and social services. Home care is divided into three levels by the American Hospital Association: intensive level, or coordinated home care; intermediate level, or rehabilitative level; and basic health level, or minimal care. Programs such as Jefferson Medical College in Philadelphia, Pa.; the Chelsea-Village Program of St. Vincent's Hospital in New York; and the Chicago, Ill., Five Hospital Homebound Elderly Program all emphasize physician visits to patients' homes. The model in hospital-based home care program is the Montefiore Hospital Home Care Program in New York City, which developed, organized, and coordinated a health professional team to provide posthospital care. Today, home health care departments are flourishing in hospitals throughout the country. The enactment of Medicare brought a 70 percent increase in hospital-based programs. Obstacles working against expansion of home health care programs are noted. Seven reference notes are provided.

203 *Home Care: Utilizing Resources to Develop Home Care.*
Janice M. Caldwell
1982, 5p
SHR-0009907 Pub. in Hospitals v56 n21 p68-72 1 Nov 82.

A favorable climate exists for home care programs initiated by hospitals. Some funds are available now under Title III of the Older Americans Act or Title XX, and more may be forthcoming under proposed legislative initiatives. These include Senator Hatch's bill, S.234, and Senator Packwood's bill, S.861. Two hospital-based home care programs that may serve as models are the Chicago, Ill., Five Hospital Homebound Elderly Program and the Chelsea-Village Program in New York City. The Chicago Five Program was organized in 1976 as a not-for-profit corporation by a consortium of five voluntary hospitals and serves areas with the highest densities of elderly in Chicago. The program maintains an independent office located in the community, rather than being located in a hospital. It is geared toward maintaining frail, chronically impaired elderly at an optimal level of functioning. The Chelsea-Village program began in 1973 and offers such services as personal and medical care, homemaker services, transportation, social services, and physician visits. Three notes are included.

204 *Home Health Monitoring: Ensuring Quality in Home Care Services.*
Susan L. Hughes
1982, 7p
SHR-0009908 Pub. in Hospitals v56 n21 p74-80 1 Nov 82.

Quality assurance in providing home care is a key issue for policymakers who can further home care development through legislation and other initiatives. The state of the art in quality assurance shows that mechanisms do exist that effectively monitor home care. But flexibility is warranted, so that review procedures and conditions ultimately do not hamper home health care agencies. Two types of utilization review and quality assurance mechanisms are currently being employed by home care agencies – internal review and external review. The former refers to organizational procedures that an agency is required to implement and maintain on an ongoing basis (i.e., audit and advisory committees). The latter refers either to fiscal intermediaries or to the State licensing agency's method of reviewing compliance with licensure conditions. Home health care services have yet to demonstrate their full potential as a cost-effective service delivery option. Efforts to upgrade and standardize quality of home care agencies are stymied by lack of regional or normative data against which valid interagency comparisons can be made. Furthermore, current quality assurance mechanisms are also compromised by their overidentification with Medicare conditions of participation. A total of 11 notes are given. (Author abstract modified).

205 *Home-Medication Monitoring Among Older Adults: The Breach in Services.*
Donald D. Davis, Karen O'Quin, John Sivacek, Lawrence A. Messe, and Mary L. James
Michigan Office of Services to the Aging, Lansing.
1981, 24p
SHR-0009934 Pub. in Home Health Care Services Quarterly v2 n1 p27-50 Spring 1981.

The study, designed to find potential ways of intervening to reduce the number of medication errors made by older adults, surveyed practitioners in Michigan who were on the staff of home care agencies. The supervisors of the in-home staff of 98 home care agencies were interviewed by telephone. In addition, detailed interviews with a sample of 30 respondents of the original telephone interview population were conducted to explore potential interventions. Results of the first interview showed that the agencies did not consider themselves to have the main responsibility for medication monitoring, with only 15 percent of the agencies accepting this responsibility. Most perceived the physician as the person primarily responsible for overseeing clients' medications. Respondents also reported a high frequency of medication errors among clients and a high degree of confusion among clients concerning their medications. The detailed interviews showed that over 40 percent of clients on home care agencies' caseloads were estimated to have some kind of medication errors. Most Michigan home care agency personnel did not have an adequate knowledge of the medicines used by seniors. Generally, most agencies did not have drug information programs for clients, and only about one-third of the agencies had any kind of training in medication monitoring for their in-home staff members. The two interventions most favored were increasing pharmacist involvement in reviewing clients' medications and education programs aimed at increasing clients' awareness of the proper use of medications. Study data and 11 references are provided.

206 *Homemakers, Volunteers, and Taxes: Two Proposals for Examination.*
Joseph Piccione
Free Congress Research and Education Foundation, Washington, DC.
1982, 21p
SHR-0009892 Available from The Free Congress Research and Education Foundation, 721 2nd Street NE, Washington, DC 20002.

This booklet discusses proposals calling for additional tax relief for both homemakers and volunteers. The first proposal attempts to support the family structure and functions by extending to homemakers an additional personal tax exemption. This would relieve the tax burden on families with children, as well as correct the trend toward having others raise children. To reduce volunteers' taxes would encourage greater volunteer efforts for the public good. This tax proposal is consonant with the tradition of allowing deductions and relief for work done for the public welfare. It would be done by converting time donations into a figure that could be used as a tax deduction. Further advantages and some objections to these proposals are mentioned. *Currents in Family Policy Series.*

207 *Hospice Volunteer Program Model, 1982. Edition Number Two.*
South Hills Family Hospice Consortium, Pittsburgh, PA.
Mercy Hospital of Pittsburgh, PA.
South Hills Health System, Pittsburgh, PA.
South Hills Interfaith Ministries, Pittsburgh, PA.
St. Clair Memorial Hospital, Pittsburgh, PA.
1982, 65p
SHR-0009950 Available from South Hills Family Hospice Consortium, 1000 Bower Hill Road, Pittsburgh, PA 15243.

This manual provides guidelines for recruiting, screening, training, managing, and evaluating volunteers used in a hospice program. The manual was developed for use by the South Hills Family Hospice Consortium, a nonprofit organization located in Pittsburgh, Pa., that provides skilled health care and supportive services to allow the terminally ill to remain in their own homes. Volunteers are part of the interdisciplinary caregiving team that includes physicians, nurses, home health aides, psychologists, a social worker, and members of the clergy. Volunteers provide such direct services to patients and families as companionship, transportation, and chore services. They also provide clerical assistance and help in fundraising and public relations efforts. Potential volunteers may initiate the contact with the hospice office or may be recruited by word of mouth, newspaper articles, announcements in church and synagogue bulletins, and other methods. The manual lists the criteria for selecting volunteers, conducting the initial interview, providing and evaluating training, conducting the preassignment interview, matching volunteers with suitable assignments, and supervising and evaluating volunteers. Extensive appendices provide forms and materials given to volunteers.

208 *How Much Is Enough. Issues in Measuring the Adequacy of Family Income. Proceedings of a Conference, March 11, 1982, New York.*
Mignon Sauber and Anne Perzeszty
Community Council of Greater New York. Research and Program Planning Information Dept.
Health Resources Administration, Rockville, MD.
Aug 82, 36p
SHR-0010019 Available from Community Council of Greater New York, Publication Office, 225 Park Avenue South, New York, NY 10003.

Current issues related to family budget research, data sources, and policy options were the subject of a conference held in March 1982 and sponsored by the Community Council of Greater New York. The participants included government officials, academicians, and representatives of social service agencies. The decision by the United States Bureau of Labor Statistics to discontinue its family budget research program was noted. Methods by which the City Workers' Family Budget is determined were outlined. Additional issues explored were the determination of poverty levels, the determination of various standards of living, and the problems of keeping lists of consumer goods up to date. The origins of the inadequate measures now used for determining income adequacy were described. The use of price indices, the measurement of noncash income, and the determination of income adequacy for elderly persons were also discussed. Footnotes and lists of conference planners and participants are included.

209 *Impact of the Minimum Wage on Regional Labor Markets.*
Ronald J. Krumm
American Enterprise Inst. for Public Policy Research, Washington, DC.
1981, 93p

SHR-0009847 Available from
American Enterprise Institute for
Public Policy Research, 1150
Seventeenth Street NW, Washington,
DC 20036.

Federal minimum wage legislation has been applied nonuniformly among industries since its inception with the 1938 Fair Labor Standards Act (FLSA). Since the early 1960's, more and more types of employment opportunities have become subject to the national legislated wage floor. This trend has severely restricted the employment and earning opportunities of lower skill workers in the market economy, not allowing for alternative sources of employment for these workers. Increases in the minimum wage under current coverage conditions lead to a replacement of lower skilled workers, who become disemployed as new workers enter the labor market. The prosperity of the U.S. economy and the welfare of the population depend critically on the efficient allocation of resources not only in each area of production activity but also among all possible locations. If the trend in increased minimum wages continues in future years, the growth and decline of economic activity among regions can be substantially altered. The minimum wage impairs the location decisions of employers and employees, thereby altering the allocation of resources among regions. The national minimum wage is a barrier to a competitive and efficient economy, burdening low-skill workers' present and future earning power and distributing economic activity inappropriately among States. *American Enterprise Institute Studies in Economic .Policy, no. 310.*

210 *Implications of Changing Health Care Policy on Hospital Social Services and the Function of Medical Social Work.*
Brenda Hayes-Wilson
1981, 185p
SHR-0010063 Available from
University Microfilms International,
300 N. Zeeb Road, Ann Arbor, MI
48106.

This research examines the social services delivered by hospital social workers in three types of hospital settings: private, public, and Federal Government. Line staff members were surveyed on the frequency of social service activities performed and on the educational level needed to perform these services. The study group comprised hospital administrators, directors of social service departments, and individual social service staff members from 22 hospitals. A total of 226 questionnaires and 36 personal interviews were completed over a 3-month period. Directors and hospital administrators identified "essential" social services as discharge planning, psychosocial evaluations, counseling, advocacy/risk management, and information and referral. Respondents were pessimistic about the futures of hospital social service departments if the current proposals for national health insurance are implemented. Results also showed that social service staff share the same level of satisfaction in their positions regardless of degree or hospital setting. There was no difference by type of hospital regarding who should provide social services, but a direct relationship existed between degree and perceptions of the skill needed to provide hospital social services. Recommendations for social work practice and social policy are offered. Study instruments, 22 tables, and about 70 references are supplied. (Author abstract modified) *Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to University of California, Los Angeles, 1981.*

211 *Improving Management Practices and Technologies in Minnesota's Title XX Agency, 1 January 1980 to 31 March 1982.*
George Hoshino
Minnesota Univ., Minneapolis. School of Social Work.
Administration for Public Services, Washington, DC.
Minnesota State Dept. of Public

Welfare, St. Paul.
1982, 44p
SHR-0010034 Available NTIS
PC$08.50/MF$4.50

The 3-year research project investigated the impact of the Minnesota Community Social Services Act (CSSA) of 1979 on the organization, management, and delivery of personal social services in the State. CSSA consolidates funds into a "block grant" financing formula with counties administering the programs. Although the act does not authorize specific programs, it was amended in 1980 to specify target populations for which the counties were responsible. Counties have a wide range of service options and drew up comprehensive plans detailing costs and budgets, inventories of services available, and accountability and evaluation mechanisms. Four county programs were selected for study, representing varying urban and rural population patterns: Rice, Sherburne, Faribault-Martin-Watonwan, and Hennepin. Study data show that rural Rice county has developed a comprehensive, clearly identifiable, and well-integrated and coordinated system of personal social services. Income maintenance and social services are administered by a Welfare Board, in consultation with a separate Community Social Services Advisory Committee. Evaluation and monitoring systems need improvement. Sherburne, a county in transition with a mix of natives and recently arrived young families, has been providing services well in excess of levels matched by Federal and State funds. The county has a toll-free telephone service for outreach and relies heavily on client input in needs assessment. Sherburne has used a management-by-objectives approach and taken a proactive stance in planning, needs assessment, and service delivery. The rural tricounty Faribault-Martin-Watonwan human services region used an outside consultant to develop its CSSA plan and a number of uniform policies on caseload, needs assessment client complaints, etc. Major problems appear to be client control and establishment of routine, regular contacts, technical assistance, and contract monitoring. Hennepin, a large urban county, has a well-developed, highly professionalized personal social service system. Although the Community Services Department purchases many of its services, its service capabilities, planning, management resources, and evaluation systems are sophisticated and extensive. The text of CSSA is attached.

212 *Improving Protective Services for Older Americans: A National Guide Series. National Law and Social Work Seminar: Proceedings and Prospects.*
Willard D. Callender
University of Southern Maine, Portland. Human Services Development Inst.
Administration on Aging, Washington, DC.
Sep 82, 114p
SHR-0009897 Available from University of Southern Maine, Center for Research and Advanced Study, 246 Deering Avenue, Portland, ME 04102. Attn: Janet Brysh.

This booklet summarizes the proceedings of the National Law and Social Work Seminar on improving protective services for older Americans held in July, 1982. It is one of an eight-part series for assisting State and area agencies in improving services to the endangered elderly in their locales. Issues raised at the seminar are intended to stimulate discussion at the State and area levels rather than providing concrete answers to the problems identified. Digests are provided of the content of each seminar session, followed by an analysis of the outcomes of the conference and some ideas on how communities and States might continue the debate. The sessions were devoted to the State's role in protective services and civil liberties, social work and legal values, legal issues in social work practice, social work issues in the use of legal options, a case study in protective policy, and future potential. Twelve references are given; a list of conference presenters, panelists, and moderators is appended. *See also related documents, SHR-0009780–SHR-0009786.*

213 *Increasing and Improving Utilization of Day Hospitals for the Mentally Ill: An Analysis of the Influence of Interorganizational Relations.*
Rose Kurz Kilgalen
1980, 118p
SHR-0010077 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This dissertation examines poor coordination between day hospitals and other health care organizations as one of the reasons why day treatment programs for the mentally ill have not become a significant alternative to inpatient care. It presents a case study of one free standing, publicly funded day hospital and examines its methods of selecting interorganizational relationships as well as the mechanisms of coordination and the tone of the relationships it maintained. The study was able to trace changes in the interorganizational relationships since the founding of the day hospital in 1962. Original relationships were voluntary and unmanaged, due to the absence of competition. Increasing Federal and State regulation, emergence of competing community mental health facilities, and deinstitutionalization of patients from State hospitals created an environment to which the organization studied failed to adapt. The day hospital resisted accommodating changes to the point of rejecting referrals from some publicly funded organizations. Both utilization and funding declined, and in time the hospital lost much of its autonomy of operation to the parent bureaucracy. Footnotes, tabular data, and charts are given, as is a bibliography of over 60 entries. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to University of Maryland Graduate School, 1980.*

214 *Individual and Organizational Functions of Volunteering: A Case Study of a Hospital Volunteer Unit.*
Kerstin Marianne Joslyn
National Inst. of Mental Health, Rockville, MD.
11 Dec 76, 375p
SHR-0010062 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

This study examines hospital volunteer services through the perspective of exchange theory to establish what, if any, mutual benefits exist which maintain the routinization of work on an unpaid basis. The study argues that there is an ongoing exchange process between the hospital and volunteers that is influenced by both the problems and needs endemic in hospitals and by structural determinants of the volunteers' motivations. The study investigates volunteers' effect on problem areas of external relations and internal control faced by all large, modern hospitals. Emphasis is on the effect of volunteers on public relations, patient compliance and satisfaction, and compliance and control of the semiprofessional staff. The volunteer unit is examined in terms of background context and circumstances which motivate its members to work for the hospital. Their perceptions of alternatives, rewards, and satisfactions are also explored. The mutuality of hospital and volunteer needs is thus seen to provide the dynamics that determine the conditions for the exchange of service and rewards. A total of 13 tables, study instruments and methodology, and over 180 references are included. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to University of California, Berkeley, 1976.*

215 *Influence of the School Health Curriculum Project on Children's Knowledge, Attitudes, and Decisions Concerning Cigarette Smoking.*
Jane Wewer Lammers

Jun 80, 80p
SHR-0010076 Available from
University Microfilms International,
300 North Zeeb Road, Ann Arbor, MI
48106.

This study examines the extent to which the School Health Curriculum Project affected the general health knowledge, attitudes, and decisions concerning cigarette smoking among a sample of fifth grade students in Arkansas. Fifth grade classes from 30 schools participated in the study; students from 15 served as experimental subjects and 15 as controls. Three instruments were used to measure subjects' achievements. No significant differences were found between the two groups on attitudes toward a cigarette smoker or on general health knowledge, although self-attitudes were different. Further analysis revealed that, compared with controls, experimental subjects gave more health reasons, fewer social reasons, and more total reasons for their decisions regarding cigarette smoking. Experimental subjects also reported behavioral intentions not to smoke at a significantly higher rate than controls. Thus, the project results in children applying relevant knowledge to making decisions about health. Study data and survey forms, about 30 references, and 2 reference notes are appended. Data tables are included in the text. (Author abstract modified). *Submitted in partial fulfillment of the requirements for the degree of Doctor of Education in Health to University of Utah, 1980.*

216 *Kids Nobody Wants: Treating the Seriously Delinquent Youth.*
Delta Inst., Los Alamitos, CA.
Department of Justice, Washington, DC. Office of Juvenile Justice and Delinquency Prevention.
San Diego County Bar Foundation, CA.
1982, 84p
SHR-0009879 Available from Delta Institute, 3401 Katella, Suite 211, Los Alamitos, CA 90720.

Contributions to this overview discuss the philosophical, legal, and professional problems involved in trying to treat serious juvenile delinquents. One article reviews the problems confronted by the juvenile justice system in obtaining jurisdiction and treatment of mentally ill juveniles involved in violent criminal behavior resulting in serious bodily injury or death. Another article examines the attitudes of institutional administrators toward mentally disordered and violent wards of the court, with a view to understanding why they often do not receive treatment despite juvenile court judges' efforts. A survey designed to find safe, effective, and innovative alternatives to incarceration for youths committed by the San Diego County Juvenile Court (California) offers recommendations based upon onsite visits to some of the Nation's best public and private delinquency programs and an analysis of their elements. The final chapter presents the result of a 3-year survey of international experts on juvenile delinquency, in which 48 experts representing 37 countries describe and evaluate procedures, practices, and philosophies concerning treatment of serious delinquents in their native lands. The Americas, Eastern and Western Europe, Africa, Middle East, Australia, and New Zealand are represented in the responses. Chapter references are provided. *Juvenile Justice Textbook Series, no. 410.*

217 *Learning From Experience: Evaluating Early Childhood Demonstration Programs.*
Jeffrey R. Travers and Richard J. Light
National Research Council, Washington, DC. Committee on Child Development Research and Public Policy.
Carnegie Corp. of New York.
1982, 271p
SHR-0009857 Available from National Academy Press, 2101 Constitution Avenue NW, Washington, DC 20418.

The report explores evaluations of demonstration programs for young children and their families, with emphasis on the implications of recent program and policy developments for outcome measurement and evaluation design. It highlights the growing diversity of programs for children and their families and the growing diversity of target populations. The analysis focuses on a variety of services, including day care, health care, bilingual and bicultural education, services to the handicapped, and various family support services. The analysis indicates the need for evaluations characterizing the immediate quality of life of children in demonstration programs, particularly day care and preschool education, in which they spend a large part of the day. Findings also reveal the need for evaluations to describe how programs interact with and change the broader social environment in which a child grows or a family functions. This social environment includes extended families, schools, child welfare agencies, and other institutions that can potentially sustain, enhance, or thwart growth and change. Evaluations should also document the services received by children and families and describe the transactions between clients and program staff to determine whether programs are operating in accordance with their own guidelines and those of their funding agencies and to permit understanding of the variations in effectiveness within and across programs. The most useful evaluations are those that show how and why a program worked or failed to work. A mix of qualitative, quantitative, naturalistic, and experimental research strategies is recommended. Six background papers and chapter reference lists are included.

218 *Linking General Health and Mental Health Systems of Care: Conceptual Models of Implementation.*
Harold Alan Pincus
George Washington Univ. Medical Center, Washington, DC.
Robert Wood Johnson Foundation, Princeton, NJ.
6 Jun 79, 5p
SHR-0009911 Pub. in The American Jnl. of Psychiatry v137 n1 p315-320 Jan 80.

Recent political and scientific developments have contributed to a growing recognition of the need to move mental health into the mainstream of general health service delivery. It is important to systematically approach the development of a range of conceptual models that could link the mental and general health systems. This article defines such linkage relationships in terms of three basic elements: contractual, functional, and educational. It describes six models and presents specific examples of each. It also suggests the factors that should be examined to select the most effective model for a given context and presents future research needs in the field. Among the models discussed are the agreement model, the triage model, the service delivery team model, and the integrated health care team model. Factors to consider in choosing a model include the people served, the geography, management, financing mechanism, philosophy of care, and the settings and levels of care. A great need is seen for further documentation of the benefits and effectiveness of linkage relationships in terms of use of services, costs, patient satisfaction, and other outcome measures. A total of 42 references are given. (Author abstract modified).

219 *Linking Public Health Social Work and Public Social Services for Comprehensive Care for Mothers and Children: Proceedings, March 29 Through April 2, 1981, Pittsburgh, Pennsylvania.*
William T. Hall and Christine L. Young
Pittsburgh Univ., PA. Public Health Social Work Program.
Bureau of Community Health Services, Washington, DC. Office of

219

Maternal and Child Health Services.
1981, 172p
SHR-0009893 Available from
University of Pittsburgh, Graduate
School of Public Health, Public
Health Social Work Program,
Pittsburgh, PA 15261.

This report contains the papers from an institute of health care and social service professionals meeting in 1981 to discuss linkages between two important systems – public health and public social services – both essential to comprehensive care for mothers and children. The program included an examination of the changing epidemiology of maternal and child health in the United States, the national and State efforts aimed at greater linkages between public health social work and public social services, specific clinical and research programs dealing with high-risk populations, and a review of professional education for social workers that promotes greater intra- and interdisciplinary collaboration. Among programs discussed for special risk populations were linkages for serving handicapped children in foster care and adoption, integrated service needs of deinstitutionalized mothers, linkages in a rural adolescent and prenatal program, human resource assessment for handicapped children, and pregnancy outcome and the Three Mile Island accident. Individual papers contain tables, charts, and references. A list of institute participants is given.

220 *Local Government and Community Partnerships.*
Thomas J. Chmura
Department of Housing and Urban
Development, Washington, DC. Office
of Community Planning and
Development.
1982, 4p
SHR-0010065 Pub. in Jnl. of
Community Action v1 n4 p41-44
1982.

Leadership is required to encourage and create partnerships between local government and the private business sector. In some places, the business community may provide that leadership, but in many other places, local governments must take a more active leadership role. Local officials must be more aggressive and entrepreneurial in developing partnerships. They will have to move away from their traditional role of direct service provider to a new role as mobilizer of public and private resources for community problem solving. Results of a study of over 25 communities and over 100 partnerships show that partnerships work best when the business community is approached on the basis of mutual self-interest rather than charity or abstract notions of "social responsibility." Besides cash donations, corporations have many other resources that can be used to meet community needs. These include the deposit of some corporate financial holdings in local or minority-owned banks to support the local economy and policies to hire minority youth, develop training programs for the handicapped, and implement flexible work schedules. Technical assistance for solving a particular problem, making equipment and other resources available for community use, and corporate operational decisions can all aid the community. Often, a facilitating mechanism to bring both parties together to develop specific partnerships is needed. Such a mechanism may be in the form of business civic committees, public/private forums, or local foundations. Four references are listed.

221 *Long-Term Care Challenge: Rationalizing a Continuum of Care for Chronically Impaired Elderly.*
Rose Dobrof, Jonathan M. Metsch,
Harry R. Moody, Thomas C. Chalmers,
and Prema Mathai-Davis
Mount Sinai School of Medicine,
New York. Long-Term Care
Gerontology Center.
Jan 80, 9p

SHR-0009922 Pub. in The Mount Sinai Jnl. of Medicine v47 n2 p87-95 Mar/Apr 80.

This article characterizes current long-term care delivery to the chronically impaired elderly as fragmented (i.e., incomplete and disconnected) and argues for an operational continuum of care. The adequate system should provide identification and placement that assures, with a reasonable degree of certainty, that a chronically impaired individual's need for health and social services is met at the level appropriate to the extent of the incapacity, over an extended period of time, with the appropriate type and intensity of intervention. The historical context in which the current nonsystem evolved is explained, and a rationalization is offered for a continuum of care with the objective of providing patient-centered, cost-effective, long-term care services. In addition, a project is reported that seeks to address these issues as a joint planning effort by Mount Sinai School of Medicine and Hunter College, both part of the City University of New York. Tabular material is given.

222 *Macomb-Oakland Regional Center: Foster Parent Recruitment. Annual Report.*
Joe Dzenowagis
Macomb-Oakland Regional Center, Mt. Clemens, MI. Public Affairs Dept.
1981, 55p
SHR-0010006 Available from Macomb-Oakland Regional Center, 16200 Nineteen Mile Road, Mt. Clemens, MI 48044.

This document highlights the 1981 activities of the Community Training Home (CTH), a large foster care program for mentally retarded adults and children operated by the Macomb-Oakland Regional Center in Mt. Clemens, Mich. Because the CTH believes that professionalism is critical to foster care, it gives foster parents training in teaching skills such as self-care and communication, extensive agency support, and fees ranging from $740 to $1,000 per month per foster person. It places persons with severe and profound mental retardation, focusing on adults in 1981. A variety of recruitment methods were used in 1981, such as classified advertisements, interviews on radio, television, and newspapers, public radio service announcements, news releases, and presentations to community and church groups. Inquiries about foster homes rose dramatically in 1981, but the number of home visits and homes opened fell dramatically. The increased inquiries can be attributed to the mass audience recruitment strategy using the media. Moreover, the potential demand for foster parenting jobs is high because of the depressed economy of the Detroit area. Factors that impede people from becoming foster parents include the lack of fair compensation for a demanding and time-consuming job, the lack of paid training, the long licensing period of 4 to 9 months, and certain standards regarding the physical premises. The report analyzes the recruiting approaches and problems and then suggests ways to expand the program and improve its quality of care. Tables and publicity materials are provided.

223 *Making Policies for Children: A Study of the Federal Process.*
Cheryl D. Hayes
National Research Council, Washington, DC. Committee on Child Development Research and Public Policy.
Administration for Children, Youth, and Families, Washington, DC.
1982, 265p
SHR-0009858 Available from National Academy Press, 2101 Constitution Avenue NW, Washington, DC 20418.

The study explores how Federal policy for children is made, identifies some of the conditions and constraints characterizing Federal policy-making affecting children and their families, and examines how Federal policymakers influence the decisionmaking process. It reviews much of the literature on policy determination in order to examine existing theories of policy formation and to assess their potential as analytical frameworks. The study then develops three case studies of Federal policy developments as a body of evidence for the analysis. The case studies involve the (1) Special Supplemental Food Program for Women, Infants, and Children; (2) Federal Interagency Day Care Requirements; and (3) Child Care Tax Deduction/Credit. Conclusions state how various actors in the decisionmaking process might alter their behavior to be more effective advocates for children and their families. Legislative changes/initiatives regarding the three case studies and other relevant material are included. Reference notes and about 50 references are provided. (Author abstract modified).

224 *Making Visits Count: A Guidebook for Nursing Home Visitors.*
Marilyn J. Bonjean and Liz Carlson
Wisconsin Vocational Studies Center, Madison.
Faye McBeath Foundation, Milwaukee, WI.
Faye McBeath Inst. on Aging and Adult Life, Madison, WI.
Wisconsin Univ.-Extension, Madison. Center for Social Service.
1979, 24p
SHR-0010051 Available from University of Wisconsin-Milwaukee, Division of Urban Outreach, PO Box 413, Milwaukee, WI 53201. Attn: Betty Sancier.

This guide focuses on making visits to nursing home residents such that they enhance the well-being of residents and their families and friends. It discusses the importance of visitors giving nursing home residents the emotional support they need and of acting as their advocates with the nursing home staff. The length and frequency of visits, the place of the visit (i.e., the resident's room or the common areas), topics of conversation, and special ways of listening to hear what is felt, rather than what is said, are discussed. Special communication problems, the importance of life review, and children's visits are mentioned. Guidelines for sensory stimulation are listed, and ways to organize an effective visit are outlined. A 12-item bibliography is included. *A related filmstrip is also available.*

225 *Management By Whose Objectives.*
Harry Levinson and Elaine L. LaMonica
1980, 9p
SHR-0009887 Pub. in The Jnl. of Nursing Administration v10 n9 p22-30 Sep 80.

Because it is based on a reward-punishment psychology, the process of management by objectives (MBO) in combination with performance appraisal may be self-defeating when applied to nursing systems. This technique serves simply to increase pressure on an individual and may intensify hostility, resentment, and distrust between a nurse manager and subordinates. Evaluating staff performance based on job descriptions can be ineffective since job descriptions fail to reflect task complexity and social and organizational factors affecting performance. Moreover, MBO does not provide enough time to appraise the relationship of the subordinate's job to other jobs. Coupled with these problems is the difficulty superiors experience when undertaking appraisals. The MBO process can be improved by examining the underlying assumptions about motivation, by taking group action, and by considering the individual's personal goals first. A case example and 21 references are included. *Original material by Mr. Levinson is reprinted from "Harvard Business Review," v48 n4 p125-132 Jul-Aug 70.*

226 *MAPS: A Management and Planning System for Long-Term Care Institutions.*
Jerry L. Norville
1977, 17p
SHR-0009909 Pub. in The Jnl. of Long-Term Care Administration v6 n4 p13-29 Winter 1978.

The first article of a two-part series on management and planning in long-term care institutions, this article describes an integrated institutional planning and operations management system known by the acronym MAPS. Given that planning and day-to-day management are usually done simultaneously and by the same people in the long-term care institution, the MAPS model provides a framework for ensuring the successful integration and continuity of this process. The model consists of (1) an annual evaluation of the overall institution; (2) annual development and communication of overall nursing home goals and objectives; (3) annual development – in cooperation with department heads – of expectations, objectives, and standards for each functional area of the institution; (4) determination of success parameters for each functional area and each key result area within the institution and applying these in monitoring and evaluating the function; and (5) application of managerial control only as necessary to ensure effective and efficient performance of the functional area and support of attainment of overall goals and objectives of the institution. The emphasis throughout the MAPS model is on improving the administrator's ability to analyze problems, make decisions, and influence personnel through integrated planning and management efforts. Four references are given. Appendices contain an organizational self-evaluation, a functional self-evaluation, and a decision analysis model. (Author abstract modified). *This is the first article in a two-part series. For the second article, see SHR-0009874.*

227 *MBO and Performance Appraisal.*
Cecelia Golightly
1979, 10p
SHR-0009886 Pub. in The Jnl. of Nursing Administration v9 n9 p11-20 Sep 79.

Using a management-by-objectives (MBO) approach, a nurse administrator at St. Joseph's Hospital, St. Paul, Minn., tapped the resources of her staff to diagnose and resolve a performance appraisal problem. The problem concerned the resistance of head nurses to implementing the MBO approach in their units. The head nurses' previous experience with efforts at MBO adaptation to patient care and personnel evaluation were negative, mainly because they perceived no relation between MBO and their units' purposes and performance standards. An evaluation committee was organized to develop an acceptable performance appraisal form and procedure, and three concurrent surveys were administered to a sample representing all levels of nursing personnel. The surveys were designed to measure the staff's attitude toward and knowledge of the existing evaluation system. Survey results indicated that their evaluations had not been directly related to their performance of job-related activities and that they were unsure of where they stood with their immediate supervisor. The committee presented its assessments and recommendations to a nursing administration group, and decisions for action were made. A new performance appraisal form was developed which meets all the original MBO criteria. It reflects accurately and objectively the employee's job performance; allows for recognition of outstanding performance identification of less than satisfactory performance, and planned improvement of performance through the mutual objective-setting process; provides an effective tool for the evaluator; and is acceptable to the personnel director as a permanent record. Four references, figures, and a sample of the new form are included.

228 *MBO II: A System of Managerial Leadership for the 80's.*
George S. Odiorne
1979, 360p
SHR-0010030 Available from Learning Concepts, 8517 Production Avenue, PO Box 26240, San Diego, CA 92126.

Drawing on the documentation of growth and refinement in the use of management by objectives (MBO) systems over the past two decades, this volume records significant changes that have occurred in management techniques, bringing MBO to the status of a proven management system matching the current variety of needs and leadership styles. It presents applications and case studies, evolution of the basic theory, and new techniques and adaptations. Among the advantages of MBO are that it offers risk-taking and reward, motivation and results, planning and accountability, and communication and performance through a clearly defined system that can withstand the dynamics of organizational and management system changes. The presentation begins with an overview of the general theory of management and MBO's place within it, and proceeds to considerations for instituting MBO on an organizationwide basis. A variety of goal-setting techniques are delineated. The subsystems affected by MBO adoptions are delineated, with emphasis on salary administration, zero-based budgeting, discipline by objectives, and annual performance reviews. The final chapter discusses MBO implementation. Notes, charts, and an index are given.

229 *Mental Health Administration: Responses of Professionals Towards Job Satisfaction in a State Mental Hospital Under Organizational Change.*
Ashim K. Basu
1979, 161p
SHR-0009986 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

This study assessed professional employees' attitudes toward program management based on the management by objectives (MBO) principle in a public mental retardation hospital. Data were collected from questionnaires completed by 113 physicians, rehabilitation therapists, social workers, nurses, teachers, clinical psychologists, and senior psychiatric technicians in Pacific State Hospital, Pomona, Calif. The introductory chapter discusses the role of effective administration in mental hospitals, conflicts encountered by professional employees in a formal organization, and job satisfaction levels in the MBO system. Following a review of the literature on MBO and its applications, the dissertation examines the history of mental retardation facilities in the United States, traditional organizational models, the position of the mental health administrator, and the attitudes of professionals toward mental health administration. The reorganization of California's State hospitals and subsequent introduction of the MBO approach are described. The hospital used in this study had 1,700 residents who were profoundly retarded, and it emphasized a team approach to care and treatment. A structured questionnaire was administered to professional employees to measure their attitudes toward program management in terms of job goals, job effectiveness, supervision, communication, planning, pay, recognition, performance evaluation, autonomy, and resident care. Analysis of these responses revealed that the MBO model contributed positively to the work experience and job satisfaction of all professional employees but the physicians. The physicians were resistant to organizational change and vulnerable to several negative consequences involving the traditional power structure that accompanied the reorganization. The study also discovered that all groups wanted to be supervised by a member of their own profession. Tables and references are provided. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Claremont Graduate School, 1979.*

230 *Mental Health Care for Rural Workers: Program Strategies, Service Implications and Worksite Utilization.*
Michelle Fine and Richard Woodrow
Columbia Univ., New York. Industrial Social Welfare Center.
National Inst. of Mental Health, Rockville, MD.
Johnson Foundation, Racine, WI.
Ingham Community Mental Health Center, Lansing, MI.
1982, 55p
SHR-0009997 Available from Industrial Social Welfare Center, Columbia University School of Social Work, 622 West 113th Street, New York, NY 10025.

This monograph combines information about rural mental health with a set of service delivery strategies most appropriate for helping rural workers. It explains the interrelationship between rural life, mental health, and work as well as a technical approach to conducting needs and resource assessments and coordinating community-based coalitions. The basic tenet is that work constitutes an integral aspect of mental health and that in rural areas this influence may be especially crucial because major economic and social transitions are taking place there. Life style changes, family reorganization, economic disruption, and vocational redefinition are affecting the personal, economic, and social lives of rural workers. Many suffer from adjustment difficulties to nonagricultural jobs and are particularly susceptible to local industrial cutbacks. Mental health intervention must be accompanied by a holistic understanding of rural communities, their values, politics, and social and service structures. Linkage, prevention, and advocacy are the principal modes of involvement for bringing about effective change in rural conditions. At the technical level, needs and resources assessments should be performed to generate information, facilitate linkages, heighten the visibility of mental health services, and to help unions and other community groups recognize potential community problems. Needs assessment information can be used to develop new programs, to update the agency's information about the community, and to identify planning priorities. Coalition formation is another vital strategy for organizing effective preventive mental health programs. Coalitions improve opportunities for attaining general goals. They must be organized around clear goal definition and local constituencies and leadership. Above all, ties to the world of work must be pursued by mental health providers as a source of power and resources not usually available to the human service sector. A total of 60 references are given. Appendices include a conference agenda and list of participants at a meeting from which the paper's major ideas derive.

231 *Mental Health Services: Utilization by Low Income Enrollees in a Prepaid Group Practice Plan and in an Independent Practice Plan.*
Stephen J. Williams, Paula Diehr, William L. Drucker, and William C. Richardson
National Center for Health Services Research, Hyattsville, MD.
1978, 13p
SHR-0009920 Pub. in Medical Care v17 n2 p139-151 Feb 79.

Mental health services were included in a comprehensive package of benefits available to low-income enrollees in a prepaid group practice plan (PGP) and in an independent practice plan (IPP) under the Seattle Prepaid Health Care Project (Washington). There were no out-of-pocket costs for enrollees. Use of services was studied for 4 years under conditions that might simulate universal entitlement. The analyses indicated that females used substantially more mental health services than males and that enrollees aged 20 to 44 used more services than those in other age groups. The prepaid group practice generally experienced more use than the prepaid independent plan. Significant racial differences were evident, with whites using more services than blacks and black males using strikingly few services. The prepaid independent plan was oriented toward physician providers and emphasized individual psychotherapy, while the prepaid group practice employed a diversity of practitioners and therapeutic modalities. The data indicated that the percent of enrollees using any mental health services was twice as great in the PGP as in the IPP. However, once access to the provider system was achieved, the number of services used was greater in the PGP. A significantly higher proportion of the IPP enrollees were admitted for inpatient care as compared to PGP enrollees. Finally, the cost of mental health services was less than 10 percent of total health service costs in both plans. Data tables and 36 references are included. (Author abstract modified).

232 *Minding the Children: Ford Foundation Assistance to Child Care Programs.*
Ford Foundation, New York.
Mar 80, 20p
SHR-0009998 Available from Ford Foundation, 320 East 43rd Street, New York, NY 10017.

This booklet describes activities supported by the Ford Foundation that focus on research and experimentation to expand and improve child care as a vital component in the lives of American families. The Ford Foundation developed a program in child care initially in response to Congress's 1967 amendments to the Social Security Act. Under Title IVA and IVB, the act granted Federal funds for child care to States on a matching basis. The foundation sought to help the low-income families served by these programs. Since that time, the foundation's participation has broadened considerably. Experimentation with promising service programs has been supported, particularly models that offer the possibility of improving the quality of care at moderate cost levels for a wide range of families. In addition, grants have been made for research and monitoring to inform the child care debate and help resolve issues. Since 1975, the Ford Foundation has assisted four information and referral services. The foundation continues to provide numerous grants to institutions throughout the United States. Photographs and a five-entry bibliography are provided, and a list of grants is appended.

233 *Minimum Wages, Fringe Benefits, and Working Conditions.*
Walter J. Wessels
American Enterprise Institute for Public Policy Research, Washington, DC.
1980, 97p
SHR-0009846 Available from American Enterprise Institute for Public Policy Research, 1150 Seventeenth Street NW, Washington, DC 20036.

This monograph presents a model of minimum wages incorporating the assumption that employers react to minimum wage increases by trying to offset their higher wage costs. These offsets include reducing workers' nonwage expenditures, increasing the effort demanded of workers, and changing employment hours. The main result of the model is that all workers will be made worse off by minimum wage increases because the value of the increased wages is less than the value of the lost nonwage benefits. Employers will not be able to offset their mandated increase in wage costs fully, with the consequence that they will reduce the size of their workforce. Disemployed workers will seek jobs not covered by the minimum wage, lowering wages in those jobs. This expanded model contrasts with the traditional "standard" minimum wage model, which assumes that employers do not make offsets. The impact of minimum wages in both models is quite different. A comparison of the predictions of both the standard and the expanded model assesses the effects of minimum wages on quit rates, rates of labor force participation, and prices. The results suggest that the expanded model is more appropriate for explaining the effects of minimum wages. They indicate the distinct possibility that some covered workers may actually suffer from a minimum wage increase, while others are not helped as much as their wage increase suggests. If so, there appears to be little justification for the existence of a minimum wage. Tabular data and footnotes are provided. The appendix details the calculations used. *American Enterprise Institute Studies in Economic Policy, no. 304.*

234 *Model for Initiation and Administration of Prevention Services in a Community Mental Health Center.*
Anne Rankin Penney
10 Dec 81, 142p
SHR-0010104 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This dissertation presents and illustrates a model for introducing change in a community mental health center so that prevention and treatment services may coexist. Although community mental health centers should provide both prevention and treatment services, during the past two decades treatment services have received more emphasis. However, recent trends have indicated an expanding role for preventive services. In times of decreased funding, the capacity of preventive services to produce revenue has made them more attractive than ever before. Nevertheless, community mental health centers should not neglect treatment services; they must balance the two services. The model uses theories of social change and identifies variables which influence the internal and external systems. It also outlines the phases necessary in the initiation and administration of an organizational change. Administrators of a community mental health cener, located in western Alabama, used the model to initiate a total prevention program within their center. Within 2 months, they produced changes in the administrative structure, personnel attitudes toward the value of prevention, and the nature of services provided. The model enabled administrators to initiate change successfully in a brief time period. Figures, data tables, reference notes, a bibliography listing 105 references, and an appendix presenting the study instrument are included. (Author abstract modified) *Submitted in partial fulfillment of the requirements for the degree of Doctor of Education to Auburn, University, 1981.*

235 *Modern Practice of Community Mental Health: A Volume in Honor of Gerald Caplan.*
Herbert C. Schulberg and Marie Killilea
1982, 712p
SHR-0010045 Available from Jossey-Bass Inc., Publishers, 433 California Street, San Francisco, CA 94104.

Written in honor of Gerald Caplan and his pioneering efforts in community mental health, this book describes the management, leadership, programs, delivery methods, and professional competencies essential to effective community mental health. The text begins with a biographical chapter on Gerald Caplan and focuses on the impact of the community mental health movement on present and future mental health practice. The discussion outlines advances in such areas as epidemiology, crisis intervention, and support systems; traces the relationship between early concepts of crisis and contemporary knowledge about how social supports can mediate stress; and analyzes the growing interest in primary prevention as a framework for reducing the incidence of mental illness. In addition, the relative merits of focusing on high-risk populations or on high-risk situations are compared. Opportunities for primary prevention in school settings consistent with the former approach and a general disease prevention paradigm consistent with the latter approach are proposed. Other chapters emphasize constantly changing environmental context within which community mental health services are delivered. Specific topics covered include diagnosis and intervention in organizational settings and consultation to organizations in transition. Contemporary program models are presented for such groups as the elderly, the chronically mentally ill, the developmentally disabled, disaster victims, and residents of rural areas. Trends in training opportunities, regulatory standards, and reimbursement patterns are traced in the context of strengthening community mental health through human and educational resources. Chapter references, name and subject indexes, and a chronological bibliography of Gerald Caplan are provided. (Author abstract modified). *Jossey-Bass Social and Behavioral Science Series.*

236 *Neither Angels Nor Thieves: Studies in Deinstitutionalization of Status Offenders.*
Joel F. Handler and Julie Zatz
National Research Council, Washington, DC. Committee on Child Development Research and Public Policy.
Department of Justice, Washington, DC. Office of Juvenile Justice and Delinquency Prevention.
1982, 949p
SHR-0009855 Available from National Academy Press, 2101 Constitution Avenue NW, Washington, DC 20418.

This is the final report of a 3-year study assessing what has been happening to youths who commit status offenses (e.g., truants, runaways, incorrigibles) since passage of the 1974 Juvenile Justice and Delinquency Prevention Act. The legislation mandated the removal of status offenders from secure confinement, prohibited their subsequent incarceration, and called for the development of alternative types of community-based programs and services. The research involved onsite work in 7 States and 14 localities, chosen for representing different deinstitutionalization postures and patterns of change. In addition, a small, purposive sample of facilities was selected for study of community-based residential services to status offenders in the form of detention, alternatives to detention (emergency shelter care, nonsecure detention facilities), a group home, and a residential treatment facility. Also researched were nine Federal programs relevant to this population – among them Title XX social services, Title IV-B child welfare services, and Title IV-A foster care grants. The report offers a historical overview of the treatment of status offenders and deinstitutionalization and outlines the major problems and issues associated with policy. It describes the characteristics of the implementation system and the framework for analysis and also contains the principal research findings. The report contains State case studies and Federal program analyses, as well as several commissioned papers on particular aspects of deinstitutionalization. The research design, a discussion of the methods and problems encountered in collecting and analyzing the data from multiple sources, and the instrument used in conducting the facilities analysis are also included. Tabular data, an index, and 12 references are given.

237 *New Approach to the Economics of Health Care.*
Mancur Olson
American Enterprise Inst. for Public Policy Research, Washington, DC. Center for Health Policy Research.
1981, 502p
SHR-0009844 Available from American Enterprise Institute for Public Policy Research, 1150 Seventeenth Street NW, Washington, DC 20036.

Organized into five parts, the volume presents papers and commentaries focusing on the economics of medical care in the United States, where overspending on health care and unevenness of care are not adequately explained by conventional analyses. Four papers discuss the characteristics of the health care market and the impact of Government regulation on the functioning of that market. One section explores the U.S. health care system in the broader context of health care systems in the United Kingdom, Sweden, Canada, France, and West Germany. It presents the economic and political bases for these systems and contains an analysis of their functioning. In addition, papers assess the regulation of medical facilities, prices, and utilization aimed at controlling health care costs and their side effects. The effectiveness of insurers, providers, and alternative systems in encouraging competition in the health industry also is examined. The last section outlines a competitive strategy in health care delivery and financing, examines policies that would encourage cost sharing and the development of alternative delivery systems, and looks at factors that may inhibit the development and implementation of market reforms. Figures, tables, and footnotes are provided. *Proceedings of a conference held in Washington, DC, on September 25-26, 1980. AEI Symposia, no. 81E.*

238 *New Ways to Succeed With Foundations: A Guide for the Reagan Years.*
Joseph Dermer
1982, 96p
SHR-0009938 Available from Public Service Materials Center, 111 N. Central Avenue, Hartsdale, NY 10530.

This book contains practical suggestions for nonprofit organizations on obtaining funds from private foundations in the increasingly competitive environment created by reductions in Federal funding. Initially, it describes specific funding problems faced by universities and hospitals, advocacy agencies, and social welfare agencies and then suggests general strategies appropriate to their needs. The author notes that nonprofit organizations can expect little help from mail fund raising campaigns, volunteers, and publicity and offers suggestions on obtaining appointments with foundation officials, preferably by telephone. Basic reference works that an organization should obtain are identified, such as the Foundation Directory and annual reports from foundations. Recordkeeping and proposal writing are discussed, with the comment that six proposals are more than sufficient to cover a year's activity for most organizations. These techniques are demonstrated in a 6-month program of activities for an organization that has had little or no success in obtaining funds from foundations. Guidelines are also presented for organizations that have achieved some success but want to increase their foundation support. The author details ways to keep an institution before the foundation's eyes in a favorable fashion during the decisionmaking period. He also recommends that an organization develop ways to produce income, such as renting its facilities or running an educational program. Tips on hiring and working with outside consultants conclude the guide. Numerous examples of letters and proposals are included.

239 *Non-Economic Barriers to Health Care for Medicaid Recipients.*
Carla E. Maffeo
1980, 168p
SHR-0010073 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

Data from over 14,000 Medicaid recipients in 10 locations throughout the United States formed the basis of an analysis of the relationship between health beliefs and the use of preventive health care services, with emphasis on the effects of access to care and other situational factors. The data, collected in 1973, covered health beliefs and attitudes, health status, access to care, use of health services, and demographic factors. Over 90 percent of the persons in the sample had not made a visit to the doctor for preventive health care in the previous month. Having a personal physician was strongly related to the use of preventive care services, even when demographic variables such as age, sex, race, family size, education, and perception of health status were controlled. The relationship between access to care and the use of preventive health care services was clearly stronger than that between health beliefs and the use of preventive health care for all demographic subgroups. Health beliefs and access to care had a joint effect on the use of preventive services for most subgroups. For some groups, often those without access to care, health beliefs did not seem to affect the use of preventive services. A literature review, a bibliography listing 88 references, data tables, footnotes, and appendices presenting the study instrument and the scale used for health beliefs are provided. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the Catholic University of America, 1980.*

240 *Nursing Home Care and the Minority Elderly.*
Gretchen Schafft
1979, 31p
SHR-0009899 Pub. in The Jnl. of Long-Term Care Administration v8 n4 p1-31 Winter 1980.

This article examines research on the minority elderly in nursing homes to determine the black elderly's use of nursing homes, legal requirements for desegregation, minority elderly satisfaction with nursing homes, and policy reforms. Blacks and other minority elderly have lower rates of nursing home enrollments than others partly because of strong support networks in these families and lack of funds. Possible discrimination may also be a contributing factor. Compliance with civil rights and other Federal laws prohibiting segregation has been only routinely monitored in health care facilities. Moreover, black professionals are rarely involved in nursing home care or administration. Recommendations are offered to improve nursing home guidelines regarding desegregation and the long-term care administrator's role in improving health care for minorities. Reference notes, 32 references, and a bibliography of 18 works are included. Some data tables are provided.

241 *Occupational Licensure and Regulation.*
Simon Rottenberg
American Enterprise Inst. for Public Policy Research, Washington, DC.
1980, 354p
SHR-0009849 Available from American Enterprise Institute for Public Policy Research, 1150 Seventeenth Street NW, Washington, DC 20036.

The text contains the edited proceedings of a conference that analyzed the history, present state, and future of occupational licensure. Papers discuss explanations for the existence of occupational licensing, the nature and consequences of the forms of social organization implied by licensure, and the history of constraints on entry into occupations. They treat the distribution of the licensing phenomenon among occupations and try to explain why some, but not all, occupations are licensed and the principles that influence the social decision on which of them will be licensed. The papers analyze some of the effects of licensing on California contractors, registered nurses, and dentists. These occupational reviews suggest that licensing of an occupation need not improve the quality of services rendered and may increase the price of services; that incumbents in an occupation, rather than consumers of their services, may be the main protagonists for the licensing of their occupation; and that licensing limits the movement of licensed practitioners among States.

The papers examine the administration of the law on occupational regulation, with attention to the Federal Trade Commission's activities in the occupational regulation field and the prospective effects on occupational licensing of sunset legislation adopted by many State legislatures. Papers also treat the effects of licensing on black employment, the interstate mobility of members of the licensed occupations, theoretical principles of professional regulation, forms of regulation that are open to choice, and characteristics of market failure that produce warrants for occupational regulation. Tables and footnotes are supplied. *Proceedings of a conference held in Washington, D.C., February 22-29, 1979, AEI symposia, no. 80F.*

242 *Older Women Caring for Disabled Spouses: A Model for Supportive Services.*
Linda Crossman, Cecilia London, and Clemmie Barry
San Francisco Foundation, CA.
1981, 7p
SHR-0009914 Pub. in The Gerontologist v21 n5 p464-470 Oct 81.

This paper examines the issues and special problems faced by older women caring for disabled spouses. It describes a multiservice project designed to provide support and respite to this group. In 1977, a wives' support group was formed at Marin Senior Day Services, an adult day care program in Marin County, Calif. During group meetings issues ranging from financial preparation for a spouse's institutional care to the physiological and psychological aftereffects of a stroke are discussed. Women are encouraged to express their feelings freely and to be nonjudgmental. The group also formed a respite project that relieves women from the daily demands of caregiving. The project offers a few hours of home care each week and an extended out-of-home respite session at no cost. It provides funding for one full-time nurse whose time is divided each week among the wives requesting the service. The project also has a community education component. Nineteen references are supplied.

243 *Partnerships in Community Service.*
Milton Kotler
1982, 6p
SHR-0010064 Pub. in Jnl. of Community Action v1 n4 p45-50 1982.

Community service partnerships are a permanent new element in the changing picture of city government and neighborhood relations. They have evolved in the last 20 years out of citizen participation in service delivery and service decentralization as well as recent budget cutbacks and revenue declines. Currently, these partnerships are heavily concentrated in environmental services, public works, and facility management. Three distinct partnership models are in use, varying mainly in the degree of responsibility for direct service delivery held by each of the partners. One model is that in which city government retains primary responsibility for service delivery, but seeks assistance from neighborhood organizations through part-time employment or recruitment of neighborhood volunteers. Another model, the coproduction model, has the city government and neighborhood organizations segment a particular service delivery responsibility into component tasks and then divide the tasks among themselves. The third model transfers prime responsibility for service delivery to the neighborhood organization through performance contracts, with the city government doing only the monitoring and supervision. Obstacles that must be overcome in creating these community service partnerships include personnel concerns, the management of liability risks, and legal obstacles in State statutes and city ordinances. In addition, the community service organizations must improve their internal capacities to participate in a competitive contract environment, establish appropriate personnel policies and productivity standards, and build a personnel management structure. Examples of community service partnerships and four references are included.

244 *Perceived Control Among Elderly Nursing Home Residents: Predictors of Health, Life Satisfaction, and Institutional Adjustment.*
Patricia Ann Parmelee
Mar 80, 75p
SHR-0010070 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study explores interrelations among personal and social characteristics, perceived control, and well-being of 113 elderly nursing home residents. Self-reports and staff reports provide information on functional ability, self-perceptions, extrafacility friendships, sociability, and other variables that are used to predict residents' perceived personal and social control. Functional ability and extrafacility social relations were related to perceived personal control. In contrast, social control was most effectively predicted by functional ability, intrafacility friendships, and social satisfaction. Self-perceptions and attitudes toward the facility were the best predictors of well-being. Length of institutional residence appeared positively related to life satisfaction. Self-perceptions were predictive of physical well-being but sociability was not. The contrast of these findings with those of experimental research are discussed in terms of their implications for elderly long-term care patients. Study data, survey forms, about 60 references, and other study materials are appended. (Author abstract modified). *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the University of Utah, 1980.*

245 *Philanthropy in America: The Need for Action.*
Stuart M. Butler
Heritage Foundation, Washington, DC.
Institute for Research on the Economics of Taxation, Washington, DC.
1980, 44p
SHR-0009878 Available from The Heritage Foundation, 513 C Street NE, Washington, DC 20002.

This study examines the scale and importance of private philanthropy, showing how funds are distributed among various types of charities and how the pattern has changed over the years. The law regarding charitable giving is detailed, and it is contended that legislation since 1969 is seriously inhibiting private philanthropy and posing a threat to its continued existence. Although the Tax Reform Act of 1969 ostensibly aimed to improve the charitable process, it instituted major changes in the law dealing with tax exempt bodies. The result has been an undermining of the principle of tax exemption, leading to fundamental changes in the pattern of giving. Private foundations, the clearinghouses of philanthropy, have been especially damaged – real giving to and by them has fallen significantly and constantly since enactment of the tax code changes. In addition, philanthropy is being stymied by legislation expanding State and Federal regulations over charitable organizations, strangling the sector in red tape. This has raised the legal costs of operating organizations and of establishing new ones to replace those winding down their activities as a consequence of the adverse legislation. If the damage is not undone quickly, many of the functions now carried out by independent institutions, funded by voluntary donations, will be taken over by State and Federal agencies, financed by taxation. Restoring the vitality of private philanthropy will require changes in the law, affecting such areas as appreciated property, payout requirements, taxes on investments, contributions, standard deductions, lobbying, fundraising, and regulations. Footnotes, tabular data, and an appendix are provided. *Fiscal Issues, no. 2.*

246 *Planning and Development Issues in Implementing Community-Based Mental Health Services for the Elderly.*
Eugene M. Dagon
1981, 5p
SHR-0009988 Pub. in Hospital and Community Psychiatry v33 n2 p137-141 Feb 82.

This article describes the services offered by a Milwaukee geropsychiatry center opened in 1980, considerations in selecting its staff, funding issues, and cases seen in the first 14 months of operation. The development of the center was based on three principles: an emphasis on the biopsychosocial approach to the problems of the elderly, organization of services along a continuum of needs, and close linkages between informal support networks and the formal service system. The geropsychiatry center focuses on direct care, arranging its outpatient services along two tracks – mental health and mental illness. The program's major thrusts are functional assessment using the Older American Resources and Services questionnaire and the Comprehensive Assessment and Referral Evaluation instrument, and case management. A triage team includes two public health nurses, a psychiatric nurse, and a psychiatric social worker with backup from internal medicine and psychiatric consultants. The case management teams are composed of a psychiatric nurse, a psychiatric social worker, and home health aides and are assigned to outpatient services at a primary care clinic. Funding of indirect services has been a major problem and is likely to remain so as budget cuts continue at all government levels. The triage team received 360 referrals and made 240 home visits in the first 14 months. The most common problems encountered were severely impaired mobility, malnutrition, cardiovascular disease, confusion, depression, and severe social isolation. Of the patients seen by the triage team, 41 percent were referred to outpatient case management in the center, 22 percent to acute medical hospitals, 7 percent to private physicians, and only 3 percent to nursing homes. A case study and references are provided.

247 *Planning In-House Training: A Personal System With an Organizational Perspective.*
Stephen F. Sauer and Ronald E. Holland
1981, 173p
SHR-0009850 Available from Learning Concepts, University Associates, 8517 Production Avenue, PO Box 26240, San Diego, CA 92126.

This manual presents an approach to planning in-house learning events and acquiring general planning skills. In-house training is a planned program of learning offered or required of employees in an organization; sponsored by the organization as part of its human resource development effort; and planned, conducted, and managed through the efforts of the organization's human resource development staff. The skills taught here are intended for the planning coordinator, whose role includes data collection and analysis, program design, resource planning, scheduling, supervising, proposal writing, hosting the training events, and evaluating. Though not involved in conducting training sessions, the coordinator, through the planning process, must obtain the kind of training that meets the needs of the participants and their organization. Among the basic skills encouraged by this manual is a visual conceptualization of the processes involved in planning and a continuous self-assessment at each consecutive step. Tools are provided for evolving graphic representations to sift out the concepts, roles, relationships, and flows constituting the process. The planning cycle, though represented sequentially, will overlap in reality. It consists of eight components: assessing the organizational context, evaluating precedent training programs, specifying objectives by defining the learning needs and their attendant tasks, designing the learning activities, budgeting resources, preparing the event, extending invitations, and evaluating the event and reporting its results. Personal skill assessment is a prerequisite for embarking upon the coordination effort. A specific skills list is recommended to guide a training coordinator to either acquire skills or enlist a competent person to perform them, provided they are important enough for the organizational objectives. Extensive charts are given. The bibliography contains 47 entries.

248 *Politics of Prevention: Child Health Under Medicaid.*
Anne-Marie Foltz
National Center for Health Services Research, Hyattsville, MD.
Dec 80, 396p
SHR-0010069 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This dissertation assesses the reasons why the Early and Periodic Screening, Diagnosis, and Treatment Program of Medicaid, enacted in 1967 to provide preventive and curative health services for poor children, failed to reach its major goals. Three institutional constraints are hypothesized to have affected program implementation: Federal inability to enforce its policies in the States, ideologies of welfare and health agencies, and bureaucratic capacity. Program implementation was studied in two States – Connecticut and Texas. Federal inability to obtain compliance and enforce its penalty provisions appears due to ambiguity of the original policy, the philosophical objections to using fiscal penalties, lack of control over regional offices, States' resistance to the program, and multiplicity of program activities. In the two States studied, agency ideologies of either welfare or health agencies were not instrumental in impeding program implementation. Welfare agencies were strongly committed to efficiency, and health agencies emphasized a devolution of their power. Bureaucratic capacity proved the most serious constraint, especially for Connecticut, where staff and information system limitations were hindrances. Texas was more successful, having built up an information system and added staff for program implementation. Footnotes, tabular data, and over 50 references are given. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Yale University, 1980.*

249 *Predicting the Permanency Status of Children in Foster Care.*
Lenore J. Olsen
Office of Child Development, Washington, DC.
Case Western Reserve Univ., Cleveland, OH. Human Services Design Lab.
1982, 12p
SHR-0009929 Pub. in Social Work Research and Abstracts v18 n1 p9-20 Spring 1982.

This study explores the relationship between children's individual characteristics and their experience in foster care. The study drew on data collected during the evaluation of the Ohio District Eleven Adoption Project for Handicapped Children. The 2,220 cases included all children who entered the foster care system between January 1975 and September 1977. This study examined a subpopulation consisting of 1,900 cases, including 566 children whose planned placement was either long-term foster care or adoption. A causal model, based on stratification theory, was developed to link 16 variables that are related to children's placements and their length of time in care. These variables include the child's race, handicapping condition, age, reason for intake, parent-child ties, agency plan, legal status, time in care, number of placements, service status, and five outcome variables. The findings showed that one-half of the children had been in care 17 months or longer between the date of their first placement and the date an agency assumed permanent custody of them, and 8 months or longer between the date permanent custody had been assumed and the date of placement with an adoptive family. Of those not placed in an adoptive home, one-half had been in foster care for at least 3.5 years. The findings indicate the different ways in which the foster care system responds to older children, handicapped children, and minority children. A total of 42 reference notes, 2 figures, and 1 table are provided. Individual reprints of this document are not available from the National Association of Social Workers.

250 *Preventive Health Education Approach for Urban Lower Income Populations.*
Caroline Knight Ross
May 81, 209p
SHR-0010097 Available from
University Microfilms International,
300 North Zeeb Road, Ann Arbor, MI
48106.

This study explores the usefulness of a preventive education approach in promoting lead poisoning followup screening in a lower income, urban, at-risk population. Subjects were randomly assigned to experimental and control groups and interviewed about their lead poisoning and health care knowledge, beliefs, skills, and experience. Experimental parents received a 30-minute behaviorally based education presentation from an interpersonally skilled educator. Lead poisoning information was organized around health beliefs and followed by the presentation of an individual lead testing calendar and information about the health center, addresses, and bus schedules. Education appeared to have little impact on knowledge, beliefs, and skills, and these variables were not related to actual test taking. Experimental parents, however, were significantly more likely to obtain subsequent lead screening for their children. Administrative problems in conducting this study are discussed and their importance as factors affecting services suggested. Data tables, data collection tools, about 90 references, and other study materials are included. (Author abstract modified). *Submitted in partial fulfillment of the requirements for the degree of Doctor of Science to Boston University, Sargent College of Allied Health Professions, 1981.*

251 *Prevocational and Vocational Education for Special Needs Youth: A Blueprint for the 1980's.*
Kevin P. Lynch, William E. Kiernan,
and Jack A. Stark
Wayne County Intermediate School
District, MI.
1982, 305p
SHR-0010001 Available from
Brookes Publishing Co., PO Box
10624, Baltimore, MD 21204.

This book addresses the educational and vocational training needs of disabled youths, detailing recommendations for curriculum development and instructional methods. It also provides policy statements on the overall design of vocational training programs. It is designed for community practitioners in adult and work activity centers, professionals in special education, social workers, occupational therapists, psychologists, vocational evaluators, nurses, and administrators. The contributions of 21 authors reflect a common philosophy that moves away from the traditional viewpoint of blaming the victim, of charging failure in the didactic process against the student, not the teacher. If students fail entire programs, it is necessary to review and improve the procedures used rather than to draw premature conclusions about those persons' limitations. In the past, such practice resulted in placements that accentuated students' deficiencies and decreased their chances to learn needed skills. The work emphasizes the steps leading to employment and orientation to the working world. Specific topics addressed include the history of vocational training for special needs youth, secondary education for severely handicapped students, a systems approach to career and vocational education programs for special needs students, employment integration for mentally retarded persons, autism, and programs and training for individuals with cerebral palsy. A few tables and figures, over 100 references, and an index are provided. *This book is the result of the first International Symposium on Hard-to-Train Youth, Dearborn, Michigan, September 29–October 1, 1980.*

252 *Primary Prevention From a Neighborhood Base: A Working Model.*
Susan Saunders
1978, 12p
SHR-0009912 Pub. in American Jnl. of Orthopsychiatry v49 n1 p69-80 Jan 79.

This article describes a neighborhood development project in which citizens were organized to work with mental health professionals in the area of primary prevention. Emphasis is given to methods of mobilizing citizen involvement, methods used by citizens to identify high risk populations, the working relationship between volunteers and professionals in designing and implementing services, the types of services developed, and an assessment of the project's impact. Citizens were organized to work in partnership with mental health professionals in the complex tasks of mental health information, education, and primary prevention. In the project's demonstration phase, the partnership proved effective, and some 50 community interventions, serving more than 1,500 residents, were designed and implemented. If this neighborhood model is to prove viable, individual communities throughout the catchment area must institutionalize the mental health committee, and committees must function independently from the center. Should the communities prove willing to sustain the model, a new partnership model can be demonstrated in the critical areas of research and evaluation of community-based interventions. A total of 26 references are given. (Author abstract modified). *Presented at the 1978 annual meeting of the American Orthopsychiatric Association, in San Francisco.*

253 *Problem Solving: Concepts and Methods for Community Organizations.*
Ralph Brody
Federation for Community Planning, Cleveland, OH.
1982, 240p
SHR-0010029 Available from Federation for Community Planning, 1001 Huron Road, Cleveland, OH 44115. Attn: Rose Alexander.

This book provides a variety of specific, pragmatic methods for those involved in community organization work. The work covers the entire problem-solving process, from preliminary formulation to final assessment of results. Drawing upon actual experiences in such fields as child welfare, mental health, and criminal justice, the author identifies typical pitfalls and how to avoid them. Methods discussed in the book include formulating problem statements, writing meaningful objectives, determining priorities, working effectively with committees and boards of trustees, and thinking creatively. Such considerations as planning for contingencies, using parliamentary procedures, conducting negotiations, collaborating with other organizations, preparing action planning charts, writing proposals for Government and foundation funding, reviewing results, and developing strategies for survival during periods of fiscal cutbacks are addressed. Over 100 references, an index, and a 150-entry bibliography are provided; a checklist and problem solving exercises are appended. (Author abstract modified).

254 *Professional Burnout: The Effect of the Discrepancy Between Expectations and Attainment on Social Workers in a Mental Hospital.*
Barbara Splane Leeson

1980, 231p
SHR-0010093 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

Researchers interviewed 49 social workers employed in a midwestern State mental hospital to identify factors contributing to burnout. The burnout syndrome – when staff become emotionally and physically exhausted, lose concern for their clients, and question their own abilities – has become a serious, debilitating problem in the delivery of health services. This paper first reviews the literature on job stress and details its research methodology. Individuals in this sample represented 85.9 percent of the hospital's social work staff and were interviewed with a structured questionnaire containing items on demographic data, work environment, expectations on entering the profession, relationships with coworkers and supervisors, feelings about goal attainment, rewarding and frustrating work experiences, and changes that could reduce burnout. The Maslach Burn-Out Inventory was also administered. Analysis of the results suggests that burnout is higher when the actual work on the job is different from work the professionals expected to be doing. A weaker relationship was found between the extent of burnout and frustrated career goals. Other factors that related significantly to higher levels of burnout included holding a Master's degree, working half-time, job stress carried into afterwork life, and personal office space that was limited, too noisy, or unattractive. While less benefit appeared to be obtained from coworkers than might be expected, relationships with supervisors did significantly influence the level of burnout. Strategies are suggested to help cope with burnout, such as helping workers set attainable expectations by presenting clear pictures of job realities during college, learning how to pursue goals within the system's confines, and selecting supervisors who can establish good interpersonal ties with workers. The survey instruments, tables, and about 60 references are appended. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosphy to the University of Michigan, 1980.*

255 *Psychosocial Rehabilitation for Chronic Geriatric Patients: An Intergenerational Approach.*
Howard F. Wallach, Frances Kelley, and Joel Peter Abrahams
Veterans Administration Medical Center, Sepulveda, CA. Geriatric Research Education and Clinical Center.
1979, 7p
SHR-0009915 Pub. in The Gerontologist v19 n5 p464-470 Oct 79.

High school students can successfully function as psychosocial rehabilitation therapists with chronically hospitalized nursing home patients. Each student volunteer in the program described shared life experiences with a patient in a group setting. The group dicussed controversial subjects, such as politics, religion, and sex, along with other topics of interest to both students and patients. The students were lectured in basic gerontology. Each program covered a school semester. Students averaged 2 hours of service per session, two sessions a week, for a 15-week period. Ten patients were evaluated by the Sickness Impact Profile to assess changes in their psychosocial, mental, and behavioral status. Patients experienced increased social interaction and mobility and decreased voluntary confinement and daytime sleeping. Thirteen references are appended.

256 *Quality Assurance: A Study of Patient Care Evaluation Programs in Acute Care Hospitals With Emphasis on Social Service Patient Care Evaluation.*
Lee Andrea Caulfield

Aug 80, 179p
SHR-0010071 Available from
University Microfilms International,
300 North Zeeb Road, Ann Arbor, MI
48106.

This study determines the current state of the art of patient care evaluation studies as a quality assurance mechanism. It develops a multidisciplinary patient care evaluation study on the topic of discharge planning that identifies and resolves problems in the delivery of quality patient care. Research methods included interviews with practitioners in the field, problem identification, and the development of a discharge planning program including a mechanism for ongoing monitoring, feedback, and evaluation to assure resolution of problems identified in the patient referral system. The mechanism is expected to increase communications between health care professionals and results in comprehensive care that improves the quality of patient care. About 50 references, interview questions, and other study materials are appended. (Author abstract modified). *Submitted in partial fulfillment of the requirements for the degree of Master of Public Administration to California State University, Long Beach, 1980.*

257 *Quality Assurance as an Ongoing Component of Hospice Care.*
Nancy L. Bohnet
1982, 5p
SHR-0009863 Pub. in Quality
Review Bulletin v8 n5 p7-11 May 82.

The development of the hospice program at Allegheny General Hospital in Pittsburgh, Pa., is described, with emphasis on the ongoing evaluations conducted to provide quality assurance. The hospice provides home care only and is part of a hospital-based home health agency. It was established in July 1979 after an evaluation of the care provided to terminally ill cancer patients indicated that certain physical, spiritual, and emotional needs were not being met by the current care program. The hospital staff refers patients to the hospice when their life expectancy is about 2 months. Hospice planners have specific policies for pain treatment and for alleviation of other common symptoms and treatment side effects. An interdisciplinary team provides direct care and spiritual and emotional support to patients. The team includes an oncologist, a pastoral care provider, a nurse oncologist, a psychiatric nurse, a social worker, eight primary care nurses, and two home health aides. Some formally trained volunteers also work in the program. Studies conducted in January and July 1980 have shown dramatic improvement in the care provided in comparison to that being given before the hospice was developed. Ongoing quality assurance is conducted through evaluations of patients' records, periodic assessments of the program by patients' families and staff members, and cost analyses by the program's coordinator. Although most hospice programs are new, small, and financially limited, they should try to monitor all facets of their programs and improve services to assure quality care. Evaluation forms, a table, and four references are included.

258 *Rape Crisis Intervention in the Emergency Room: A New Challenge for Social Work.*
Maria I. Vera
1981, 11p
SHR-0009926 Pub. in Social Work
in Health Care v6 n3 p1-11 Spring
1981.

The emerging role of the social worker in the context of rape crisis programs housed in hospital emergency rooms is examined. A brief review of the psychological impact of rape on its victims is offered as a background for delineating this role. The emergency room is analyzed in terms of the advantages (centralized and coordinated services, 24-hour professional care) and disadvantages (low priority to emotional problems, no coordination or prioritization of services specifically for rape victims) it presents for this type of crisis intervention. The social worker's role in this setting should encompass such activities as assessing the rape victim's emotional state, acting as advocate for the rape victim in relation to medical staff and police, and helping the rape victim understand the necessity of undergoing a pelvic examination and police interviews. In addition, the social worker should inform rape victims about the medical, legal, and other community resources available which specialize in meeting rape victims' needs. A total of 20 references are provided. (Author abstract modified).

259 *Rehabilitation and Discharge: The Nursing Home Dilemma.*
Ronald W. Toseland
San Diego State Univ. Foundation, CA.
1979, 17p
SHR-0009917 Pub. in Long Term Care and Health Services Administration v3 n4 p284-300 Winter (Dec) 1979.

This study assesses the attitudes of nursing home personnel responsible for implementing rehabilitation and discharge planning programs concerning the feasibility of rehabilitation and factors affecting these programs. Nursing home respondents to the mail questionnaire indicate that rehabilitation is an important component of their services, yet few homes were actively rehabilitating patients. Staff blame this on personnel shortages and the ineffectiveness of rehabilitation for most patients. An additional 9.5 percent of all nursing home patients could be discharged if nursing home conditions and community attitudes were changed. Improved rehabilitation and discharge planning, such as higher professional staff-to-patient ratios, are needed along with increases in community resources to provide a continuity of care for patients no longer needing skilled nursing care. Data tables and 19 references are included.

260 *Relationship Between Patient Care Expenditures and Quality of Care in Long Term Care Nursing Homes.*
Linda Arterburn Kaeser
Jun 81, 84p
SHR-0010101 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

Data from 98 Oregon nursing homes providing long-term care formed the basis of an analysis of the relationship between patient care expenditures and quality of care. A prescriptive deductive model used for the analysis focused on affordable changes which would improve long-term care for frail, chronically ill, and disabled persons. Only 5 percent of the total expenditures provided for registered nurses, yet they were the only group who had a significant relationship to improved quality. Increasing the wages and total numbers of registered nurses was associated with improved patient care planning, professional interventions, and personal care services. The use of licensed practical nurses instead of registered nurses appeared to be bad practice. Increasing or decreasing the wages and hours of aides had no significant correlation to the quality of personal care. "Hotel services" – such as dietary services and housekeeping – accounted for 43 percent of the average total expenditures and explained 57 percent of the variance. A nursing home wishing to control costs should focus on hotel expenditures, particularly dietary expenditures. Reimbursement policies should liberalize payments for more and better-paid professional nurses and should restrict payments for practical nurses. Policies should also provide incentives for pleasant, healthy, safe, sanitary, and individualized hotel services that are cost effective. Other issues needing attention are reimbursement for hotel services in settings other than nursing homes and the development of staffing criteria. Tables, figures, and 36 references are included. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Cornell University Graduate School, 1981.*

261 *Report of the Task Force to Review Changes in Federal Funding Policies for Human Services.*
Sterling L. Weaver
United Way of Greater Rochester, NY.
Sep 82, 82p
SHR-0009935 Available from United Way of Greater Rochester, 70 Bragdon Place, Rochester, NY 14604.

The report examines recent changes in Federal funding policies and analyzes their strategic impact on the United Way (UW) and its supported agencies. The study represents the work of a volunteer task force which, beginning in January 1982, reviewed available information on the Federal budget and related policy changes, including forecasts and analyses by voluntary agencies and State and local governments. The main data source on local agencies was the Human Services Data Sharing Project in Rochester, N.Y. The clearest finding was a lack of information and thus a pervasive uncertainty about the extent and timing of the cutbacks and their effects on local human service programs. Services to the working poor may be the most seriously affected, although all fields of service represented by UW agencies will probably be cut. The shift to the States of responsibility for allocating block grants may change the channels through which voluntary agencies seek government funding. Local government contracts for purchase of services from voluntary agencies are likely to be cut back. An indirect effect will be an increased demand for services from voluntary institutions caused by elimination of Government programs, by reductions in income assistance programs, and by general economic conditions. Most of the effects directly attributable to Federal policy changes will be felt locally in late 1982 and early 1983. Recommendations pertain to the impact on people and services, agencies' accommodation to scarce resources, a reexamination of the roles of the voluntary and public sectors, the UW's relationship with State and local government, and the importance of information in planning and managing UW services. Budget data, lists of materials and individuals consulted, and other study information are appended.

262 *Resource Book on Aging.*
M. A. Suseelan
United Church Board for Homeland Ministries, New York. Health and Welfare Div.
1981, 112p
SHR-0009989 Available from The Pilgrim Press, Seabury Service Center, Somers, CT 06071.

Intended as a basic resource for groups interested in developing programs for the aging, this book presents descriptive data on the aging, describes services needed by the elderly, and identifies additional sources of information. Short articles first examine aging from theological perspectives. They are followed by discussions of the physical, psychological, and social characteristics of aging as well as demographic data and a paper on the minority elderly. Needs of the isolated elderly and elderly women are surveyed. The section on services to the aging first offers suggestions on crime prevention and then discusses problems of relating to the black elderly, social services for the rural elderly, retirement planning, and long-term care. Sources of legal aid and Federal programs to assist the elderly are identified. Other practical tips address organizing a multiservice center for the elderly, writing a successful funding proposal, ministry to those over 65, and techniques of advocacy for the elderly that focus on legislation. The final section contains information on the following resources: State and regional agencies on aging, journals and audiovisual materials on aging, foundations that support programs for the elderly, national organizations in the field of aging, and centers providing legal assistance to senior citizens. A glossary and bibliography of over 300 items are included.

263 *Results of a Pilot Management-by-Objectives Program for a Community Mental Health Outpatient Service.*
John E. Garrison and Anthony E. Raynes
1980, 9p
SHR-0009913 Pub. in Community Mental Health Jnl. v16 n2 p122-129 Summer 1980.

The challenge of the burgeoning complexity of administering mental health programs calls for increasingly sophisticated strategies. Management by objectives (MBO) is an administrative tool that may assist mental health managers in meeting administrative needs as well as service demands in a more efficient fashion. MBO is based on the principles of stating objectives in measurable terms, staff participation in decisionmaking, and performance-based rewards. This paper describes results of a pilot MBO project applied to an outpatient service in a community mental health center. The program described covered a 6-month period; 6 general objectives were identified and adapted for individual staff members (20 professional clinicians, 2 staff members, 2 secretaries); a $100 monetary bonus was attached to the completion of all the objectives. Computerized management information system printouts facilitated timely data dissemination. Staff succeeded in increasing their productive working time, improving timeliness of their recordkeeping, increased the time spent in running therapy groups, formalized a system of clinical supervision, and decreased the average response time of telephone followups of client requests. The project demonstrated that an MBO system can be an efficient management tool in coordinating the many diverse programs of a community mental health center toward its overall goals. A total of 10 references are given. (Author abstract modified).

264 *Rethinking Federalism: Block Grants and Federal, State, and Local Responsibilities.*
Claude E. Barfield
American Enterprise Inst. for Public Policy Research, Washington, DC.
1981, 99p
SHR-0009845 Available from American Enterprise Institute for Public Policy Research, 1150 Seventeenth Street NW, Washington, DC 20036.

This study describes the history and the current operation of the Federal grant system and suggests model provisions for legislation authorizing block grants. It traces the programmatic history of the Federal grant system, emphasizing the political sinews that have developed over the years. The Reagan administration's initial plans regarding block grants and federalism are presented, with special attention to the Health Services Block Grant, Preventive Health Services Block Grant, Social Services Block Grant, Energy and Emergency Assistance Block Grant, Local Education Services Block Grant, and State Education Services Block Grant. The political consequences of the Reagan proposals are described, particularly the challenge these proposals present to special interest groups and to congressional working arrangements and relationships. The concluding chapter presents a framework for a broader revision of responsibilities in which the Federal Government would assume policy and financial responsibility for the welfare system and for the provision of national health insurance. At the same time, it would transfer to State and local governments programs such as education, transportation, community and economic development, social services, law enforcement, and the environment. Tables and footnotes are included. Appendices contain programs included in block grants, proposals for Federal programs to be changed, and David Stockman's thoughts on reordering national social priorities. *American Enterprise Institute Studies in Tax Policy, no. 349.*

265 *Review of Organizational Development.*
Delbert W. Fisher

265

1980, 6p
SHR-0009889 Pub. in The Jnl. of
Nursing Administration v10 n10
p31-36 Oct 80.

This review of organizational development (OD), a management strategy emphasizing the involvement of staff members in improving organizational effectiveness, covers its principles and objectives, assumptions underlying its use, and the conditions necessary for success in the hospital environment. OD can be successfully applied to the hospital setting if key staff are committed to change. Applying OD requires some form of data gathering, analysis, diagnosis, and action intervention. It also may require some initial outside consulting. OD intervention strategies include team and intergroup building, usually implemented by a laboratory method of education which aims to teach participants "how to learn." OD relies heavily on staff members' own experience and background. It has been applied most successfully in organizations having a common purpose and a hierarchy of goals, a central power system and clear lines of authority, and a common value system. An OD flow chart and 15 references are provided.

266 *Rural Rehabilitation: A State of the Art.*
Michael Leland and Mary Jo Schneider
Arkansas Rehabilitation Research and Training Center, Hot Springs.
National Inst. for Handicapped Research, Washington, DC.
Mar 82, 95p
SHR-0010010 Available from
Arkansas Rehabilitation Research and Training Center, Publications Department, PO Box 1358, Hot Springs, AR 71091.

This report examines the vocational rehabilitation needs of disabled persons living in rural or sparsely populated areas and identifies major concerns that must be addressed in improving services for this population. Current estimates show that over 8.5 million disabled individuals live in nonmetropolitan and rural areas. This report presents a profile of rural disabled persons – their employment, limitations, sex, age, race, education, and income – based on the 1972 Survey of the Disabled and the 1980 National Health Interview Survey. An overview of barriers to rehabilitation that exist in rural locales considers low economic levels, lack of employment opportunities and high unemployment, inadequate health care, few specialized education services, transportation service deficiencies, rural-urban differences in attitudes and behavior, and ethnicity. In the last context, American Indians, southern rural blacks, Mexican-Americans, and Appalachian and Ozark whites are ethnic subgroups with critical health and rehabilitation needs. The report describes some traditional and innovative approaches that have tried to help rural disabled individuals. These include expanding traditional services, job skill training in individual homes, using indigenous paraprofessionals, mobile units, and special education programs. A review of several national and State needs assessments concludes that the state of the art in this area is not well formed, with some studies reporting conflicting information and many being outdated. It also discusses methodological issues in needs assessments. A final summary notes that America's rehabilitation accomplishments in rural areas have been limited and suggests that a detailed needs assessment is prerequisite to any policy formulation. Tables and references are included.

267 *School Policies About Smoking: Suggestions From an Empirical Study of Adolescent Cigarette Smoking.*
Donald Wayne Compton
Sep 80, 124p
SHR-0010102 Available from
University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

Data from 566 junior and senior high school students in a large southwestern city formed the basis of this study of psychosocial and demographic variables associated with cigarette smoking among adolescents. A total of 18 percent of the study population were regular smokers, 42.7 percent had tried cigarettes, and 8.5 percent had stopped smoking. A higher percentage of females than males were smokers. Both peer and family smoking behaviors correlated with students' smoking behavior, although peers' smoking behavior was a stronger influence than those of either parents or siblings. For some youths, smoking appeared to be a sign of independence. Those who achieved less in school were more likely to be smokers. The students smoked more as grade level increased, regardless of the other variables examined. Seventh graders were more likely to shift from experimental smoking to either quitting or becoming nonsmokers. Smoking education programs may be more effective when implemented at the seventh grade level than at the ninth or eleventh grade levels. They may also be more effective if they focus on the immediate physiological effects on the body, teach the social skill of resisting pressures to smoke, and use peers as teachers. A program implemented in a school for pregnant adolescents in New York City uses these concepts. Figures, data tables, a bibliography listing 113 references, and appendices presenting the study instrument and results of factorial analysis are included. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the University of Minnesota Graduate School, 1980.*

268 *Services for Children: An Agenda for Research.*
National Research Council,
Washington, DC. Committee on Child Development Research and Public Policy.
Ford Foundation, New York.
1981, 99p
SHR-0009856 Available from
National Academy Press, 2101
Constitution Avenue NW,
Washington, DC 20418.

The effectiveness of services for children depends on how they relate to the overall environment in which children live. Focusing on children rather than on agencies and programs leads to more fundamental questions concerning children's needs and the ways in which statutory and publicly financed services can meet those needs. Future research and analysis requires the development of a strong base of empirical knowledge concerning children's lives. Future studies should be more informative as to how children's needs vary with differences in environment or context. New information is needed on how services in different systems complement or conflict with one another. Specifically, future research should address the school's role in providing children's services, public supports for parenthood, the appropriate State role in protecting children, alternative services for children, and the development of standards for children's services. Innovations in research on children's issues will probably come from foundations and government research organizations. A historical review of research on children's services is included.

269 *Serving Older Americans in Greatest Need: Approaches to Best Practices in Service Targeting. State Variation in Intrastate Funding Formulas: Report No. 1.*
Charles S. Harris and Neal Cutler
Bureau of Social Science Research, Inc., Washington, DC.
Administration on Aging,
Washington, DC.
Jun 82, 62p
SHR-0010004 Available NTIS
PC$10.00/MF$4.50

269

This report presents a nationwide descriptive analysis of the Intrastate Funding Formulas (IFF) mandated by the 1978 amendments to the Older Americans Act for targeting those elderly persons in greatest economic or social need. The overall goal of the project is to identify best practice case models of targeting and funding formula development, for which this study represents a preliminary phase. It focuses on the nature, structure, and behavior of the IFF which States use to allocate funds to their Planning and Service Areas (PSA) and to the Area Agencies on Aging. The analysis is based on the 1981 to 1982 State plans submitted by all 57 State units on aging. Because the basic structure of the formulas was found to be extraordinarily broad and even the vocabulary varied from State to State, the report uses a glossary of terms and definitions to indicate the scope of its findings. It profiles each of the funding formula components as they appear in the IFF's. These provide descriptive data on how the States have interpreted and defined formula elements as well as giving quantitative information on the prevalence and variation of formula components. The analysis also presents States' interpretations of Federal data requirements for the formulas (e.g., numbers of poor elderly, minority elderly, isolated elderly in a PSA) that go beyond what the Census Bureau supplies. This type of data were also broadly variant among States; half of them were silent on the issue. According to the way States choose to combine the elements of a formula, it is possible to produce different funding allocations with the same formula elements and the same older population data. The analysis found two approaches by which States combined the component formula elements – the "weighted population" approach versus the "subfund" approach. The former uses a mathematical formula while the latter allocates available funds to the PSA in a stepwise fashion. It concludes that although no two formulas were the same, some prototypical formulas were identified and gives both generic descriptions and 18 case studies that profile specific States. Tabular data are provided. *BSSR project 9566.*

270 *Shaping a Child Welfare Agency's Future in Uncertain Times.*
Joseph T. Chambers
1982, 6p
SHR-0010058 Pub. in Child Welfare v61 n8 p499-504 Nov/Dec 82.

This article describes how one voluntary nonsectarian child welfare agency met its budget planning problems by reevaluating its services with respect to community needs, thus finding direction for long-range planning. The planning effort lasted a year and a half and was done by a joint committee of the board of trustees and the administrative staff. The committee's objectives were to validate the agency's services, to determine whether they were needed by the community and appropriate for the agency to provide, to determine how the agency's services fit with other child welfare services in the community, and to determine whether the services were cost effective. The committee pursued a directional emphasis in assessing the agency's component programs on the basis of position papers prepared by each department, covering feasible continuation of the programs, desirable expansions, modifications, and integration with other services. A continuum of services within the agency as well as the community was sought. The culmination of the review was a statement summarizing the directional emphases of the agency as a whole, with focus on the unique aspects of a voluntary, nonprofit child welfare agency. Directional emphases establish guidelines that describe the agency's functions and, instead of dictating programs, it establishes a frame of reference within which decisions on services can be made and priorities established for the future. A mechanism was also established for followup to ensure that the long-range directions are implemented.

271 *Sibling Group: A Neglected Dimension of Placement.*
Elizabeth M. Timberlake and Elwood R. Hamlin

1982, 8p
SHR-0010056 Pub. in Child Welfare v61 n8 p545-552 Nov/Dec 82.

Siblings help each other in learning about cooperation with peers, learning about individuality of self and others, establishing a differentiated role network, and coping with problems. Thus, siblings play an important role in child growth and development. Children who lose contact with their siblings through foster placements lose this special help in developmental tasks as well as access to the potential natural support network provided by adult siblings. Children who are placed in foster care experience a sense of loss, worthlessness, and helplessness. They react to their feelings of rejection with angry feelings toward their rejecting parents. The child welfare worker should view the sibling group as a potential resource in helping children cope with separation and loss. Crisis intervention techniques often can be helpful as an initial treatment approach. A total of 22 references are included.

272 *Single-Parent Experience.*
Beverly C. Barnes and Jennifer K. Coplon
Family Service Association of Greater Boston, MA.
1980, 168p
SHR-0009944 Available from Family Service Association of America, 44 East 23rd Street, New York, NY 10010.

Prepared for group leaders involved in family life education, this manual outlines an eight-session workshop dealing with the advantages of being a single parent, building new relationships, and support systems. It emphasizes values clarification, self-assessment, and problem solving goals that ultimately will enrich family functioning. Each session requires 2 hours and consists of a short lecture, exercises, and home assignments. The initial class discusses the benefits and problems of being a single parent. The next session focuses on differences and similarities among single parents, covering separated, divorced, widowed, never married, and adoptive groupings. It also explores myths about children from single-parent homes and the concept of shifting roles for single parents. Practical concerns are addressed in sessions 3 and 4, including support systems, finances, and community resources. The class entitled "Parents Are People Too" reviews the emotional needs of parents, dealing with loneliness and anger, and dating. The needs of children in the single-parent situation are then examined, beginning with how to tell children about separation or divorce. Also discussed are sharing parenthood, custody issues, reactions of children to living with one parent, and children's relationships with the custodial parent. Session 7 teaches ways to improve communication between parent and child, while the final class compares remaining single with living together or remarriage and the long-range effects of such new relationships on the children. Each session outline contains a lecture, group exercises such as role plays and brainstorming, home assignments, and suggestions for facilitating discussion. References and an evaluation form are provided. *Workshop Models for Family Life Education.*

273 *Smoking Intervention Program in a Junior High School.*
Marion Ingrid Grambau
1980, 219p
SHR-0010083 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

The study presents smoking in early adolescence as a cultural and school problem. It describes an experiment in humanistic cessation of the smoking habit with eighth grade students and concludes that the program was successful as a behavioral change agent for students at this grade level. Out of 14 students, the experiment was instrumental in helping 4 students stop smoking completely, 8 reduce their smoking by 50 percent or more, and 2 to reduce their smoking by 10 to 20 percent. The students were serious about stopping smoking but experienced the same difficulties as adults who try to quit. The small group helped the students address their smoking problems. Group identity was important to these students, who seemed alienated from the main student body. The entire smoking intervention program is included, along with the facilitator's guide. About 50 references and study instruments are appended. (Author abstract modified) *Submitted in partial fulfillment of the requirements for the degree of Doctor of Education to Seattle University, 1980.*

274 *Social Groupwork and Alcoholism.*
Marjorie Altman and Ruth Crocker
1982, 92p
SHR-0010042 Available from
Haworth Press Inc., 20 E. 22nd
Street, New York, NY 10010.

This paper describes a five-phase group curriculum for outpatient alcoholism treatment. Although groups are the treatment of choice in many alcoholism programs, they often fail to take into full account the changing needs of the alcoholic during the early stages of recovery. The curriculum described here is unique in that it addresses the changing needs of the alcoholic from active drinking through 1 year of sobriety by viewing the recovery process as a continuum. This enables clients to build upon strengths acquired during the predesign phases. All of the curriculum's phases are consistent with the philosophy of Alcoholics Anonymous (AA) and eventual commitment of the clients to AA is one of the program's fundamental objectives. Empirical data on the effectiveness of the curriculum are not yet available; however, it appears thus far to be an extremely helpful tool in outpatient treatment and in maximizing the chances for the alcoholic to maintain long-term sobriety. Tabular data, 14 references, and footnotes are provided. (Author abstract modified). *"Social Work With Groups" v5 n1 1982 (special issue).*

275 *Social Security Reform: The Family Plan.*
Peter J. Ferrara
Heritage Foundation, Washington, DC.
1982, 79p
SHR-0009876 Available from
Heritage Foundation, 513 C Street
NE, Washington, DC 20002.

This publication advocates a solution to the Social Security crisis that would be acceptable to both liberals and conservatives, solve the major problems of the program, receive broad public support and accomplish this without raising social security taxes or cutting social security benefits. The proposal is based on the conflict inherent in the social security system between its social welfare and insurance objectives. The key to sensible social security reform is in the separation of the welfare and insurance functions of the program into two distinct programs or sets of institutions. The welfare function could then be performed by an entirely different program, more carefully adapted to fulfill the needs of the elderly poor. The existing Supplemental Security Income (SSI) Program could immediately begin to service this role as an already tested and established, general revenue financed program providing benefits to the elderly and disabled poor. As part of the reform, SSI could be updated to ensure that it adequately performs its increased functions. The program's insurance function could then be turned over entirely to private sector alternatives to social security. Individuals would be allowed to save the money they are currently paying in social security taxes in an updated and expanded version of Individual Retirement Accounts (IRA's). These savings and the returns they earn would then be used to finance each worker's retirement benefits. Individuals could also be allowed to purchase life insurance through their IRA's so that these accounts would provide all the insurance benefits currently provided by social security. These changes could be phased in over many years to ensure that they did not place an unmanageable financing burden on the Federal Government. The numerous defects and negative impacts of the social security program are pervasive throughout many aspects of American economic and social life. A basic fundamental reform is needed. Tabular data and chapter notes are provided. *Critical Issues.*

276 *Something for the Families.*
Marilyn J. Bonjean and Liz Carlson
Wisconsin Vocational Studies Center, Madison.
Faye McBeath Foundation, Milwaukee, WI.
Faye McBeath Inst. on Aging and Adult Life, Madison, WI.
Wisconsin Univ.-Extension, Madison. Center for Social Service.
1979, 46p
SHR-0010052 Available from University of Wisconsin-Milwaukee, Division of Urban Outreach, PO Box 413, Milwaukee, WI 53201. Attn: Betty Sancier.

This manual is intended for the training of group leaders in developing and conducting family support group workshops for the families and friends of nursing home residents. This guidebook is part of a materials set including two filmstrips for group leaders and a second manual for the family support group participants. The educational program for families with elders in nursing home care is helpful in alleviating their emotional response to placement, enabling them to deal better with the elder's problems, and in establishing a relationship of trust with nursing home staff. The group aspect of such training provides peer support and mutual contacts that extend beyond the duration of the workshop. The workshop consists of four 2-hour sessions for which the guidebook contains agendas and objectives. It gives instruction in group leader behaviors, guidance, advice, and checklists. The material is based on the development and implementation of the educational program of the Marian Catholic Home in Milwaukee. The overall objectives of the training are to enable families of nursing home residents to deal with the emotional trauma of placement, to improve the quality of their visits with the resident, and to become effective advocates of the resident within the nursing home structure. Workshop announcements, an evaluation questionnaire, and suggestions for communicating with the hearing impaired, those with organic brain syndrome, and those with speech difficulties are appended. The bibliography contains 20 entries. *A related filmstrip is also available.*

277 *Special Population Issues: Alcohol and Health Monograph No. 4.*
National Inst. on Alcohol Abuse and Alcoholism, Rockville, MD.
1982, 460p
SHR-0010020 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-024-01137-1.

This monograph is the final part of a series that offers a current, comprehensive overview of the range of information available on alcoholism and alcohol abuse. Alcohol consumption and related problems, biomedical processes and consequences of alcohol use, and prevention, intervention, and treatment are the first three topics in the series. The final component, on special population issues, examines the unique problems of special population groups whose need for alcoholism and alcohol abuse programs has been underserved. It demonstrates that a base of scientific knowledge exists on prevalence, incidence, and nature of alcohol-related problems of special population groups defined by sex, age, race, and ethnicity. The problem groups specifically addressed are women, adolescents, the elderly, native Americans, Hispanic Americans, black Americans, and Asian Americans. Articles on drunkenness in women discuss research issues, biological consequences, and prevention, diagnosis and treatment. Problem drinking among adolescents is considered in terms of psychosocial research, environmental influences, traffic accidents, and education programs. In addition to articles on the individual remaining groups, one paper deals with ethnic and racial variations in alcohol use and abuse in general. Charts, tabular data, and references are provided with individual papers. An index is given.

278 *Staff Burnout.*
Cal Robert Regula and C. J. Saft
New York State Office of Mental
Retardation and Developmental
Disabilities, Albany. Evaluation and
Management Analysis Unit.
Sep 82, 62p
SHR-0010041 Available NTIS
PC$10.00/MF$4.50

This annotated bibliography is an extensive review of the literature on the phenomenon of professional burnout. The review includes data searches from the major clearinghouses (Psychological Abstracts, National Clearinghouse for Mental Health, Project SHARE) as well as the most recent publications on the topic. The 131 entries are arranged alphabetically by author and date from the 1970's and 1980's. *Quality Assurance Division Bibliography.*

279 *Staff Coordination in a Long Term Geriatric Hospital.*
Louis J. Novick
1980, 10p
SHR-0009916 Pub. in Long Term
Care and Health Services
Administration v4 n2 p115-124
Summer (Jun) 1980.

Deliberately planned cooperation designed to achieve good patient care must take place among both professional and nonprofessional staff in a long-term geriatric hospital. For cooperation to occur, workers must understand their own functions and those of other staff members and must know when these functions are to be used. Criteria must be established that distinguish among staff roles. Scheduling mistakes can also lead to staff conflicts; priority should be given to the head nurse to determine which activity is the most important. Some way must be found to bring staff members of small departments into continuous communication with each other and with staff of larger departments. At Maimonides Hospital and Home for the Aged in Montreal, Canada, the head nurse is recognized as the coordinator of activity schedules, and small departments are located under the direction of a single coordinator who ensures effective communication. Other measures taken at Maimonides to improve staff coordination are discussed.

280 *Stress and Coping of Hospice Nurses.*
Gary Joseph Jenkins
Aug 81, 172p
SHR-0010088 Available from
University Microfilms International,
300 North Zeeb Road, Ann Arbor, MI
48106.

This study explored the stress and coping of 100 registered nurses employed in 20 home health hospice organizations in 9 States across the United States. The sample was composed mainly of relatively young female nurses, most of whom were married. The nurses' motivation for joining and remaining in their organizations was found to be an "enlightened self-interest" matrix of self-oriented and other rationales. These nurses seem to realistically assess the stress inherent in their work as moderate to high, although they also experience high levels of work satisfaction. The nurses seemed to be quite adaptive in their coping. From a cognitive-emotional/behavioral coping perspective, the coping patterns most used were seeking emotional support, adopting a problem-focus orientation, and maintaining a personal growth focus in the work. From a social supports coping perspective, a positive "fit" between the nurse and her organizational milieu was found to be related to lower work stress and higher work satisfaction. The study concludes that future studies might employ longitudinal, indepth interviews to explore further the nurses' coping processes. Two figures, 35 tables, study instruments and data, and over 40 references are provided. (Author abstract modified) *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the Wright Institute Graduate School of Psychology, 1981.*

281 *Stress Management.*
Kathryn Apgar and Betsy Nicholson Callahan
Family Service Association of America, New York.
1982, 134p
SHR-0009946 Available from Family Service Association of America, 44 East 23rd Street, New York, NY 10010.

Prepared for group leaders involved in family life education workshops, this manual outlines seven sessions dealing with the prevention and management of stress in daily life. Each session requires 2 hours and consists of a short lecture, exercises, and home assignments. An overview of the workshop considers promotional methods and ways to ensure good attendance. The initial class defines stress and teaches deep muscle relaxation. The next session explores good and bad stress as well as ways for individuals to recognize stress in their lives. Participants are encouraged to use deep muscle relaxation to reduce the negative effects of their physical responses to stress. Information about stress-related diseases is presented during the third session, followed by a description of meditation as a relaxation response. Time and energy management is introduced as the first stress management principle and is explored in greater depth in session 4. Participants also learn about matching stress management methods to types of stresses. The last three classes focus on other principles of stress management: improving the external environment with attention to stress on the job, improving the internal environment by training and shaping the mind, building stamina and resistance to stress through physical conditioning, and nutrition awareness. Each session outline includes the lecture, class exercises, home assignments, handouts, and suggestions for facilitating group discussion. An evaluation form, a sample certificate for completing the course, and references are appended. *Workshop Models for Family Life Education.*

282 *Study of the Constraints to Program Development in a Community Mental Health Center and How They Are Addressed Through Effective Needs Assessment.*
Annamarie Hayes
1979, 179p
SHR-0009987 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

This dissertation examines national and local constraints to program development in a community mental health center and then describes how the Concord (Mass.) Area Comprehensive Mental Health Center (CACMHC) addressed these constraints and designed an effective needs assessment approach. The impact of recent legislation on program planning and development is traced, with particular attention to the mandates for program evaluation and citizen participation. Also reviewed are constraints arising from State legislation and policy pronouncements of government officials. An examination of pertinent reports from the professional literature on various needs assessment techniques concludes that a telephone survey of residents and a survey of community caregivers who provide constant referrals to the mental health center are valuable information sources. The dissertation then describes in detail the background and activities of the needs assessment performed at the CACMHC. It also considers problems encountered and steps taken to minimize constraints on program development. The needs assessment surveyed people living in the catchment area and then compared their responses with a similar survey of CACMHC staff and board members and community caregivers. Residents ranked services for the elderly as their highest priority, followed by services for adolescents, alcoholics, drug abusers, and the retarded. Staff/caregiver/board respondents considered the elderly a principal target group needing services. Other priorities between the two groups varied slightly, except that the staff/caregiver/board group gave a high ranking to couples with marital problems and outreach programs. The study discusses responses to location of services and long-range consequences of the needs assessment. Tables and references are included. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Education to Boston University Graduate School, 1979.*

283 *Subsidized Adoption: A Special Case of Paying People To Parent.*
Gloria Lieberman Waldinger
1979, 284p
SHR-0010098 Available from
University Microfilms International,
300 North Zeeb Road, Ann Arbor, MI
48106.

This research examines the meaning of being paid to parent from the perspective of participants in California's program of subsidized adoption, "Aid to the Adoption of Children." All families selected for the study had previously been foster parents to the children they adopted. At the time of their interview, half of the families were still receiving the subsidy; it had terminated for the other half. Findings indicate that while these subsidized adoptive parents resemble the larger population of foster parents from which they are drawn, there is a significant trend toward increased age and lower income that suggests the available pool of foster parents, for whom subsidized adoption is a viable alternative, may be diminishing. The anticipated association between negative attitudes toward welfare-related issues and a number of variables such as recipient's dissatisfaction with aspects of the program, their perception of the program as public assistance, and their reluctance to declare publicly that they were receiving public funds for parenting, was not borne out. Tables, footnotes, and over 100 references are given. Study instruments are appended. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to University of California, Los Angeles, 1979.*

284 *Supervising: A Guide for All Levels.*
Paul O. Radde
1981, 235p
SHR-0009842 Available from
Learning Concepts University
Associates, 8517 Production Avenue,
PO Box 26240, San Diego, CA
92126.

This book describes the types of problems encountered by supervisors and gives direction on how to arrive at solutions. Every major aspect of supervising is covered, from the initial appointment to a supervisory position to the decisions of subsequently appointing subordinates to similar supervisory responsibilities. The supervisory role is analyzed in terms of preconceptions and realities, role transition, and the supervisory cycle from hiring to firing. Specific supervisory tasks and attitudes are discussed, such as continued learning on the job, supervisory conferences, employee performance assessment and feedback, hiring and the selection process, and integrating into the organizational culture. A model for problem solving is outlined, along with tips for helping employees become effective problem solvers and decisionmakers. The text suggests that supervisors emphasize clearly defined objectives, activities, and results rather than employees' motivational factors. Suggestions for successful interactions with employees include guidance through activity changes and negotiating agreements. The psychology of planning; contingency planning; and anticipatory guidance requiring assessment of routinization, overstructuring, and detection of cyclical stress points are reviewed. Chapters on evaluation conferences and personnel actions discuss promotion, demotion, transfer, firing, probation, and intervention strategies a supervisor may take to improve performance. Also raised are the personal aspects of supervising, such as creating working arrangements that minimize employee incompatibilities, dealing with violent employees, and those who have suffered status deprivation on the job. Concluding suggestions concern adding human touches to the work situation through affirmative feedback and celebrations. Figures and tables are provided.

285 *Support Groups for Caregivers of the Aged: A Training Manual for Facilitators.*
Harriet Rzetelny and Joanna Mellor
Community Service Society of New York. Natural Supports Program.
Administration on Aging, Washington, DC. Model Projects in Aging Program.
1981, 72p
SHR-0009859 Available from Community Service Society, Natural Supports Program, 105 E. 22nd Street, New York, NY 10010.

The training approach involves a structured group training format which also allows for individual followup and assistance in specific areas of program development. The three-phase program emphasizes sensitization of service providers to the needs and nature of informal supports of the elderly, and includes formal group training and technical assistance. For each learning objective, this report presents a training guide with sample exercises and discussion topics. Group discussions will be centered around understanding the nature and problems of informal supports, building skills for group development, learning self-help concepts, fostering caregiving networks, and influencing policy decisions. Chapter notes, 21 references, and sample program materials are included.

286 *Survey of the Management of Patient Education Programs in the Hospitals of Orange County, California, 1979.*
Sheila Ann Manoske
Aug 80, 130p
SHR-0010086 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study surveyed 80.6 percent of the acute care, general hospitals of Orange County, Calif., to determine how the management of patient education programs complied with recommended standards and whether size or nonprofit status affected the degree of compliance. While structured patient education programs have grown rapidly in the last decade, a 1975 American Hospital Association survey indicated that many hospitals needed to improve the management of such activities. Following a review of five surveys on hospital-based education, this paper outlines its methodology which replicated a 1978 study conducted in a neighboring community. Survey data were collected in a 1-hour structured interview with a key person in 29 hospitals. The following standards regarding patient education were used to analyze the responses: a written policy, the existence of a committee, a patient education coordinator, documentation, evaluation, and a budget for patient education. The hospitals surveyed were predominantly nonteaching institutions with less than 300 beds. Most considered the nursing staff responsible for patient education activities. The most frequently reported teaching method was one-to-one instruction, and many hospitals used volunteers to teach. Although the hospitals were concerned about patient and community education, the survey results indicated that such programs were not being managed effectively. Tables, 125 references, the interview questionnaire, and a list of persons contacted are included. *Submitted in partial fulfillment of the requirements for the degree of Master of Science to California State University, Long Beach, 1980.*

287 *TADS and Technical Assistance: Readings on System Design, Needs Assessment, Consultation, and Education.*
Pascal L. Trohanis
Frank Porter Graham Child Development Center, Chapel Hill, NC.
Technical Assistance Development System.
Department of Education, Washington, DC.
1982, 165p
SHR-0010036 Available from Technical Assistance Developmental System, Suite 500 NCNB Plaza, Chapel Hill, NC 27514.

This volume is intended for use as a reference on technical assistance (TA) by TA system designers and providers. It is based on the experience of the Technical Assistance Development System (TADS), founded in 1971 to support Federal demonstration projects serving handicapped children and their families. The service offers responsible help based on the needs of the projects and their personnel in planning programs, producing products, replicating services, developing staff capabilities, evaluating program effectiveness, and facilitating networking and liaison activities among all the projects. In the overview, questions about planning and refining a TA system are answered and ways are described for identifying client needs and preparing TA agreements. Discussion includes general considerations of needs assessment as well as specific approaches used by TADS. Material on delivery of assistance focuses primarily on the "consultation" method, with illustrations of how consultation can be used, its various facets, and the procedures that have worked best for TADS. The final chapter describes the technology behind evaluation; it explains the designing and conducting of a TA evaluation. Appendices contain forms developed at TADS to help evaluate TA services. They also contain a list of publications on TA developed under TAD's auspices. Tabular data are given.

288 *Team Building: A Strategy for Unit Cohesiveness.*
Michael H. Cohen and Mary E. Ross
1981, 6p
SHR-0009861 Pub. in The Jnl. of Nursing Administration v12 n1 p29-34 Jan 82.

Confronted with the need to increase intershift cooperation and communication, the Louis A. Weiss Memorial Hospital in Chicago, Ill., experimented with a team-building effort to develop increased unit cohesiveness. All nursing staff on a unit were identified as team members who would share information and task completion with other shifts. To accomplish this, a team-building meeting was held with all unit personnel, in which one unit was selected for team building. Staff participated in an intershift communication exercise asking them to determine what their responsibilities were to the following shift, evaluate which responsibilities are not being met, and decide which responsibilities to commit themselves to. These commitments were agreed upon and followed in the work setting. Results reflect a high number of honored commitments. Participants felt a sense of accomplishment and greater control over unit activity. Only minor costs were expanded on the program. Two references, the intershift exercise worksheet, and diagrams illustrating the team-building effort are included.

289 *Teenage Parents.*
Margot Edwards

1978, 91p
SHR-0009905 Available from ICEA, PO Box 20048, Minneapolis, MN 55420.

This pamphlet reviews teenage pregnancy and parenting in the United States, offering commentary and documentation addressed to those who work in some capacity with "problem pregnancies." It is intended to acquaint teachers of adolescent parents with updated maternity care practices and nurses and childbirth educators with relevant public school programs. Topics clarify the major issues related to early childbearing and indicate the direction service programs are taking. Specifically discussed are health in early pregnancy and the social and mental health factors involved. Four successful types of community programs serving adolescent mothers and their infants, all characterized by small groups and personalized attention, are described. In general, most programs for pregnant minors are still evidently tied to State laws and local school board policies which determine how a pregnant high school girl is treated in the school system, and which may be characterized by punitive attitudes. Future programs should provide choices for pregnant girls, including those of remaining mainstreamed within regular classrooms or selecting alternative settings for services according to their educational and emotional needs. Discussions of infant care, parent education, and labor and birth conclude the report. An index and about 124 references are given.

290 *Tested Ways to Successful Fund Raising.*
George A. Brakeley
1980, 171p
SHR-0009937 Available from Public Service Materials Center, 111 North Central Avenue, Hartsdale, NY 10530.

Written for all kinds of charity institutions, this handbook details the fundamentals of a successful fundraising campaign from analyzing donor motivation, to creating and conducting the campaign, and finally to managing the results. Tested techniques are explained in such areas as direct mail, data processing, deferred giving and bequests, market research, government involvement, annual campaigns versus capital campaigns, and volunteer and staff relationships. Institutions are shown how to present their case for support to carefully identified constituencies, complete with checklists, forms, job descriptions, cost-effectiveness and accountability procedures, and case histories of successful campaigns. Federal grant opportunities and professional fundraising firms are also discussed. Fundraising maxims, planning charts, and an index are provided. (Author abstract modified).

291 *Thinking About the Work Experience: A Manual for Learning and Reflection in Youth Employment Programs.*
Dan Conrad
National Commission on Resources for Youth, Inc., New York.
Employment and Training Administration, Washington, DC.
Office of Youth Programs.
Jan 81, 65p
SHR-0009853 Available from The National Commission on Resources for Youth, Inc., 36 W. 44th Street, New York, NY 10036.

Directors and supervisors of youth employment programs should encourage youths to reflect on their experiences in Comprehensive Employment and Training Act youth programs. The opportunity to think critically about the social and personal meaning of work experience enhances the value of that experience for young people involved. Reflective activities can help youths learn from experience and take charge of their own lives. Having youths read, keep journals, and discuss their experiences can help them improve their basic skills, problem solving ability, and sense of community. Reflective activities can take place individually, with another person, or in a group. Opportunities for reflection can be fit in during individual conferences or at meetings. Reflective activities should meet genuine needs, be challenging, offer active learning, and relate theory to practice. They should promote maturity and involve decisionmaking. The text includes examples of four alternative ways of incorporating a reflective component in a youth employment program, as well as activity suggestions and sample exercises.

292 *Toward an Improved Human Resources Prioritizing System.*
Barry F. Anderson
Portland State Univ., OR. Inst. for Oregon Policy Studies.
Jun 82, 27p
SHR-0010000 Available from Institute for Oregon Policy Studies, Department of Psychology, Portland State University, PO Box 751, Portland, OR 97207. Attn: Barry Anderson.

This paper examines Oregon's version of zero-base budgeting and the Department of Human Resources matrix system for program evaluation as a step toward combining them into a single system for allocating budgetary resources. Strengths and weaknesses are discussed and various means for improvement are considered. The present DHR matrix system is designed to evaluate program need, effectiveness, and efficiency. A modified version of the matrix system could be applied to the Alternative Program Levels System prioritization process used for helping legislators allocate budgetary resources within the Department of Human Resources. The recommended process applies the matrix measurement to cost-benefit assessments of decision packages selected for incorporation into the budget. To be used in the way suggested here, changes in the matrix system would concern the definition of criteria, the measurement of criteria, criterion reliability, the matrix organization, the relationships of the criteria to one another, and the possible inclusion of additional criteria. The prioritization should be prepared with the understanding that its proper role is not to make decisions, but to prepare and present information in a way that can help a variety of persons to perform their roles in the decisionmaking process in an intelligent, informed manner. To this end, it would be advantageous to place the prioritization data into the computerized information system of the Oregon Legislative Information Service. With a computerized system, the legislators could change the benefit figures, the cost figures, or the benefit formula in order to see how such changes affect the prioritization. Tabular data and 16 references are given.

293 *Treating the Long-Term Mentally Ill. Beyond Deinstitutionalization.*
H. Richard Lamb
1982, 246p
SHR-0010046 Available from Jossey-Bass Inc., Publishers, 433 California Street, San Francisco, CA 94104.

This book critically examines the problems associated with deinstitutionalization of chronically mentally ill patients and recommends ways of improving housing, treatment programs, and support services to be more responsive to the diverse needs of these patients. Based on both research and clinical experience, the book covers topics central to the understanding, treatment, and rehabilitation of all types of long-term mentally ill patients. Discussed are the particular characteristics, problems, and needs of numerous specific groups – including schizophrenics, young adult chronic patients, mentally ill offenders, and those exhibiting severe psychopathology, assaultive behavior, self-destructive tendencies, and other long-term disorders – and offers advice on working with these patients. Suggestions are made for working in different kinds of mental health facilities, such as mental health centers, rehabilitation programs, social service agencies, day treatment centers, locked skilled-nursing facilities, and others. The text explains how to determine the amount of freedom patients can handle, tailor treatment to individual patients, provide suitable living arrangements, organize daily activities, help patients acquire needed social skills, use psychotherapeutic drugs effectively, work productively with family members, help patients through crises without rehospitalization, and make programs suit communities in which they are located. Tabular data, an index, and over 200 references are given. (Author abstract modified). *Jossey-Bass Social and Behavioral Science Series.*

294 *Treatment of Women Under Social Security: A Critique of the Proposed Reforms.*
Judith B. Finn
Free Congress Research and Education Foundation, Washington, DC.
1981, 63p
SHR-0009891 Available from The Free Congress Research and Education Foundation, 721 2nd Street NE, Washington, DC 20002.

This analysis argues that the present Social Security system does not discriminate against women and that all of the broad proposals for fundamental change in the treatment of women under Social Security should be rejected. The need to address legitimate problems in the system, which work to the disadvantage of certain groups made up mainly of women, is also noted. Reformers who want to eliminate the wife's benefit have misinterpreted the trend toward increasing labor force participation by women. Many of the married women who work in paid employment make use of the protection offered by the current wife's benefit because they subordinate part-time or intermittent work to their primary responsibilities as homemakers. In addition, Social Security cannot be viewed as a system similar to private insurance because it represents an intergenerational transfer from the young to the old rather than an actuarially fair insurance scheme. However, the strongest argument for retaining the wife's benefit is that its elimination would almost certainly have a negative impact on child development as a result of a decline in the quality of care received by children whose mothers increased their labor force participation. Nevertheless, problems faced by divorced homemakers who do not remarry before retirement and the secondary earners in two-income families should be treated differently under the Social Security system. Social Security already accommodates women's different roles and work patterns and needs only limited changes. A glossary and 100 references are provided. *Currents in Family Policy series.*

295 *Unemployment Insurance Financing: An Evaluation.*
Joseph M. Becker
American Enterprise Inst. for Public Policy Research, Washington, DC.
1981, 169p
SHR-0009843 Available from American Enterprise Institute for Public Policy Research, 1150 Seventeenth Street NW, Washington, DC 20036.

Starting from the assumption that after 45 years the unemployment insurance program should be examined for its relevance to modern conditions, this study reviews two original decisions that have determined the character of the program's financial structure – the decision to make each State responsible for its own costs and the decision to make each firm responsible for its own costs. Both decisions have stirred controversy throughout the life of the program. The text evaluates the performance of the States in maintaining solvency; the distribution of the tax burden among the States; and the distribution of the tax burden among employers, including the six major effects of experience rating. The book concludes that the character of the unemployment insurance program should be maintained as an extension of the wage system by continuing to make unemployment insurance a regular cost of doing business. Tables, figures, notes, and a list of nine selected publications are included. *American Enterprise Institute Studies in Economic Policy, no. 337.*

296 *Value of Inservice Training for Staff Who Serve Elderly Blind in a Nursing Home.*
Robert J. Wineburg
1980, 140p
SHR-0010074 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study compares two types of short-term inservice training for nursing home staff working with the elderly blind. A total of 55 nursing staff members were randomly assigned to either the lecture style or experimental style of training. Each participant was pretested and posttested on attitude measures regarding blindness and behavior toward the blind. A total of 6 weeks after training, 20 randomly selected participants were observed in working situations with blind residents. Findings indicate that experimental training was no more effective than lecture training in changing attitudes and behavior intentions or in teaching appropriate behaviors. Both teaching styles increased knowledge, however, and the knowledge gained affected participants' behavior. The younger, most recently employed respondents knew the most pretraining and posttraining material and performed the greatest number of appropriate behaviors. Younger participants were the best educated and expected to work with more blind residents than older participants. Study data and survey forms, about 40 references, and other study materials are appended. (Author abstract modified). *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to University of Pittsburgh, 1980.*

297 *Ventures in Community Improvement: Final Report of the Demonstration.*
Wendy C. Wolf, John Kelley, Lane Smith, and Lone, Richard De
Public/Private Ventures, Inc., Philadelphia, PA.
Employment and Training Administration, Washington, DC. Office of Youth Programs.
Mar 82, 110p
SHR-0009868 Available from Public/Private Ventures, 1701 Arch Street, Philadelphia, PA 19103.

The Ventures in Community Improvement (VICI) was designed as an "enhanced work experience model," in which skills training for disadvantaged youth was conducted through work experience in a work setting. The program was operated in 8 sites, mostly urban, providing some 1,500 disadvantaged, out-of-school youth with intensive work experience in the building trades. The VICI program model includes work projects in skilled construction trades, work crews led by union journeymen, aid from localities, and a network of interagency linkages. Interviews with VICI program participants indicate that VICI participants were about twice as likely to be employed, about three times more likely to be apprenticed or on apprentice waiting lists, and had an average wage gain of $321 per quarter over controls. The program was cost effective, and the work done was generally of high quality. VICI was judged capable of replication. Tables, about 15 references, footnotes, and supplementary data are included. (Author abstract modified).

298 *Volunteer Transportation Program: Some Suggestions and Cautions in the Use of Volunteers as Drivers, Escorts and Other Transportation Workers.*
Thomas C. Hood and Linda S. Geiss
Tennessee Univ., Knoxville. Transportation Center.

Tennessee Dept. of Transportation,
Nashville. Bureau of Mass Transit.
Apr 82, 81p
SHR-0010008 Available from The
Superintendent of Documents,
Government Printing Office,
Washington, DC 20402, order
number 050-000-00459-7.

This manual is designed to aid social service agencies, voluntary associations, and churches in using volunteers to provide transportation for elderly and disabled persons. It addresses factors that an organization should consider in deciding if it needs a transportation program and whether volunteers should serve as drivers and escorts. Hiring an experienced director of volunteers is recommended. Characteristics of a volunteer program are discussed, including coordination of services between suppliers, insurance, recordkeeping, marketing, and funding. A survey of problems encountered when using volunteers focuses on coordination of volunteers with staff, recordkeeping, insurance, and legal questions. It provides a typology of transportation programs to help agencies plan their own services. The final chapter examines five essential tasks in organizing and maintaining a volunteer transportation program: planning, staffing, directing, recordkeeping, and evaluation. It suggests ways to overcome staff resistance to volunteer programs, provides examples of job descriptions, and outlines recruitment methods. Other topics addressed include selecting and training volunteers, orientation, and supervision. Questions that evaluators should ask are presented. An annotated list of resources covers publications, associations and organizations, and courses. The appendices contain a description of a volunteer program in Philadelphia that provides medical and specialized transportation and a volunteer driver manual. *Revision of report dated April 1980. Technology Sharing Reprint Series, no. DOT-I-82-13.*

299 *When a Patient Is Admitted to a Nursing Home.*
Theodore R. Reiff
1980, 4p
SHR-0009921 Pub. in Geriatrics
v35 n7 p87,90-91,94 Jul 80.

Management and treatment of nursing home patients are important concerns of physicians and administrators. Patients must be properly evaluated so that their medical needs can be met in the nursing home selected for them. Reasons for patients' deaths should be carefully diagnosed so that communicable diseases can be prevented from spreading and information elicited can be used to help other geriatric patients. Older persons have been neglected because of lack of physician education and training in geriatrics. A well developed geriatric teaching program requires a good medical record system and access to ambulatory and institutionalized geriatric patients, as well as an effective system of diagnosis and patient care. Geriatric education must deal with negative attitudes about the value or worth of continuing diagnostic and therapeutic efforts for elderly patients. Periodic medical review of patients is important to properly evaluate and treat patients. Older patients need more careful treatment and followup than younger patients, but rarely receive it. Planning for patient discharge should begin before admission. All relevant medical history and laboratory data should be sent to the physician responsible for the discharged patient. Family members should be involved in patient care and support during institutionalization. Seven references are included.

300 *Working Together: Advocating for Change. A Manual for Voluntary Sector Organizations.*
National Assembly of National
Voluntary Health and Social Welfare
Organizations, Inc., New York.
Department of Justice, Washington,
DC. Office of Juvenile Justice and

300

Delinquency Prevention.
1981, 173p
SHR-0009894 Available from The National Assembly of National Voluntary Health and Social Welfare Organizations, 291 Broadway, New York, NY 10007.

The manual presents a collection of readings on the basic principles of advocacy and on areas in which advocacy efforts are most fruitful. It is designed to encourage local and national organizations dealing with juveniles to provide more responsive, relevant, and effective alternative services to status offenders and other youths at risk and to develop an ongoing agenda of advocacy activities on their behalf. Following an introduction to advocacy, status offenders, and the Juvenile Justice and Delinquency Prevention Act, the manual discusses agencies' preliminary work, including the role and responsibility of boards of directors, position taking by community agencies, coalitions, and assessing community needs. General advocacy guidelines, proper legal precautions, and tax considerations are discussed. Twelve principles of advocacy, qualities of a successful advocate, and eight types of advocacy to avoid are prescribed, followed by a section on legislative systems and how to affect them. The systems are discussed according to Federal, State, local and judicial categories. Readings on advocacy in the community conclude the volume, with selections covering various community and media resources, public relations, and public education works. Appendices contain a definition of advocacy and model policy statements; correct forms of address; a glossary; newsletters, periodicals, and other sources of information; resource organizations; 31 sources; and approximately 125 references.

List of Authors

Aboosaidi, Shirindokht
History, Development, and Current Status of Suicide Prevention Programs in the United States, 1955-1979.

Abrahams, Joel Peter
Psychosocial Rehabilitation for Chronic Geriatric Patients: An Intergenerational Approach.

Ackerman, Joyce Shohet
Client Expectation and Client Satisfaction With Community Mental Health Services: A Cross-Cultural Comparison Between Hispanics and Anglos.

Altman, Marjorie
Social Groupwork and Alcoholism.

American Enterprise Inst. for Public Policy Research, Washington, DC.
Impact of the Minimum Wage on Regional Labor Markets.
Occupational Licensure and Regulation.
Rethinking Federalism: Block Grants and Federal, State, and Local Responsibilities.
Unemployment Insurance Financing: An Evaluation.

American Enterprise Inst. for Public Policy Research, Washington, DC. Center for Health Policy Research.
Drugs and Health: Economic Issues and Policy Objectives.
New Approach to the Economics of Health Care.

American Enterprise Institute for Public Policy Research, Washington, DC.
Minimum Wages, Fringe Benefits, and Working Conditions.

Anderson, Barry F.
Toward an Improved Human Resources Prioritizing System.

Apgar, Kathryn
Stress Management.

Arkansas Rehabilitation Research and Training Center, Hot Springs.
Rural Rehabilitation: A State of the Art.

Balicki, Brian J.
Cost of Alternative Care Study.

Barfield, Claude E.
Rethinking Federalism: Block Grants and Federal, State, and Local Responsibilities.

Barnes, Beverly C.
Single-Parent Experience.

Barney, Jane L.
Community Councils for Nursing Homes: A New Approach to Quality of Care.

Barry, Clemmie
Older Women Caring for Disabled Spouses: A Model for Supportive Services.

Basu, Ashim K.
Mental Health Administration: Responses of Professionals Towards Job Satisfaction in a State Mental Hospital Under Organizational Change.

Becker, Joseph M.
Unemployment Insurance Financing: An Evaluation.

Bohnet, Nancy L.
Quality Assurance as an Ongoing Component of Hospice Care.

Bonjean, Marilyn J.
Making Visits Count: A Guidebook for Nursing Home Visitors.
Something for the Families.

Boyle, Gayle M.
Family Councils in Nursing Homes: A Guide to Development.

Bradley, Robert
Florida's Implementation of the Federal Block Grants.

Brakeley, George A.
Tested Ways to Successful Fund Raising.

Brodows, Belinda S.
ACCESS Process: Assuring Quality in Long Term Care.

Brody, Ralph
Problem Solving: Concepts and Methods for Community Organizations.

Bureau of Social Science Research, Inc., Washington, DC.
Serving Older Americans in Greatest Need: Approaches to Best Practices in Service Targeting. State Variation in Intrastate Funding Formulas: Report No. 1.

Butler, Stuart M.
Philanthropy in America: The Need for Action.

Caldwell, Janice M.
Home Care: Utilizing Resources to Develop Home Care.

California Inst. on Human Services, Rohnert Park.
Employers as Partners: A Guide to Negotiating Jobs for People With Disabilities.

Callahan, Betsy Nicholson
Stress Management.

Callender, Willard D.
Improving Protective Services for Older Americans: A National Guide Series. National Law and Social Work Seminar: Proceedings and Prospects.

Camp, Carole A.
Cooperation in the Provision of Services: A Study of Massachusetts and Rhode Island Towns.

Carlson, Liz
Making Visits Count: A Guidebook for Nursing Home Visitors.
Something for the Families.

Caulfield, Lee Andrea
Quality Assurance: A Study of Patient Care Evaluation Programs in Acute Care Hospitals With Emphasis on Social Service Patient Care Evaluation.

Chalmers, Thomas C.
Long-Term Care Challenge: Rationalizing a Continuum of Care for Chronically Impaired Elderly.

Chambers, Joseph T.
Shaping a Child Welfare Agency's Future in Uncertain Times.

Chmura, Thomas J.
Local Government and Community Partnerships.

Clark, Carolyn Chambers
Burnout: Assessment and Intervention.

Cohen, Michael H.
Team Building: A Strategy for Unit Cohesiveness.

Columbia Univ., New York. Industrial Social Welfare Center.
Mental Health Care for Rural Workers: Program Strategies, Service Implications and Worksite Utilization.

Community Council of Greater New York. Research and Program Planning Information Dept.
How Much Is Enough. Issues in Measuring the Adequacy of Family Income. Proceedings of a Conference, March 11, 1982, New York.

Community Service Society of New York. Natural Supports Program.
Support Groups for Caregivers of the Aged: A Training Manual for Facilitators.

Compton, Donald Wayne
School Policies About Smoking: Suggestions From an Empirical Study of Adolescent Cigarette Smoking.

Congressional Budget Office, Washington, DC. Human Resources and Community Development Div.
Containing Medical Care Costs Through Market Forces.
Federal Housing Assistance: Alternative Approaches.

Conrad, Dan
Thinking About the Work Experience: A Manual for Learning and Reflection in Youth Employment Programs.

Coplon, Jennifer K.
Single-Parent Experience.

Council on Foundations, Inc., Washington, DC.
Corporate Philanthropy: Philosophy, Management, Trends, Future, Background.

Crews-Rankos, Deanna
Analysis and Evaluation of Chore Services for the Elderly of Washington State.

Crocker, Ruth
Social Groupwork and Alcoholism.

Crossman, Linda
Older Women Caring for Disabled Spouses: A Model for Supportive Services.

Curley, Joleen S.
Activities Program in a Long Term Care Facility: Development of a Documentation System That Focuses on Problems and Goals.

Cutler, Neal
Serving Older Americans in Greatest Need: Approaches to Best Practices in Service Targeting. State Variation in Intrastate Funding Formulas: Report No. 1.

Dagon, Eugene M.
Planning and Development Issues in Implementing Community-Based Mental Health Services for the Elderly.

Davis, Donald D.
Home-Medication Monitoring Among Older Adults: The Breach in Services.

De, Lone, Richard
Ventures in Community Improvement: Final Report of the Demonstration.

Delta Inst., Los Alamitos, CA.
Kids Nobody Wants: Treating the Seriously Delinquent Youth.

Dempsey, John J.
Family and Public Policy: The Issue of the 1980's.

Denton, Terry J.
Analysis and Evaluation of Chore Services for the Elderly of Washington State.

Dermer, Joseph
New Ways to Succeed With Foundations: A Guide for the Reagan Years.

Deshaies, Kenneth J.
Cost of Alternative Care Study.

Diehr, Paula
Mental Health Services: Utilization by Low Income Enrollees in a Prepaid Group Practice Plan and in an Independent Practice Plan.

Dobrof, Rose
Long-Term Care Challenge: Rationalizing a Continuum of Care for Chronically Impaired Elderly.

Driver, Jacqueline
Factors in Nursing Home Settings That Affect the Psychological Well-Being of Residents.

Drucker, William L.
Mental Health Services: Utilization by Low Income Enrollees in a Prepaid Group Practice Plan and in an Independent Practice Plan.

Dzenowagis, Joe
Macomb-Oakland Regional Center: Foster Parent Recruitment. Annual Report.

Ebenezer Center for Aging and Human Development, Minneapolis, MN.
Family Councils in Nursing Homes: A Guide to Development.

Edgerton, Peter W.
Cost of Alternative Care Study.

Edwards, Margot
Teenage Parents.

Eggert, Gerald M.
ACCESS Process: Assuring Quality in Long Term Care.

Eldridge, William D.
Coping With Accountability: Guidelines for Supervisors.

Famiglietti, Joseph Francis
Family-Strengthening Programs, Delinquency Prevention, and Program Evaluation: An Assessment of Efficiency and Utilization.

Family Day Care Network, San Francisco, CA.
Family Daycare Network: A Childcare Program for Working Parents and Employers.

Family Service Association of America, New York.
Stress Management.

Family Service Association of Greater Boston, MA.
Single-Parent Experience.

Fausone, Karen
Florida's Implementation of the Federal Block Grants.

Federation for Community Planning, Cleveland, OH.
Problem Solving: Concepts and Methods for Community Organizations.

Feldman, Saul
Administration of Mental Health Services. Edition Number 2.

Ferrara, Peter J.
Social Security Reform: The Family Plan.

Fine, Michelle
Mental Health Care for Rural Workers: Program Strategies, Service Implications and Worksite Utilization.

Finn, Judith B.
Treatment of Women Under Social Security: A Critique of the Proposed Reforms.

Finn, Matia
Fundraising for Early Childhood Programs: Getting Started and Getting Results.

Fisher, Delbert W.
Review of Organizational Development.

Florida Advisory Council on Intergovernmental Relations, Tallahassee.
Florida's Implementation of the Federal Block Grants.

Flynn, Catherine L.
Cooperation in the Provision of Services: A Study of Massachusetts and Rhode Island Towns.

Foltz, Anne-Marie
Politics of Prevention: Child Health Under Medicaid.

Ford Foundation, New York.
Minding the Children: Ford Foundation Assistance to Child Care Programs.

Frank Porter Graham Child Development Center, Chapel Hill, NC. Technical Assistance Development System.
TADS and Technical Assistance: Readings on System Design, Needs Assessment, Consultation, and Education.

Frankel, Mark
Effect of Quality Assurance Activities on the Quality of Mental Health Services.

Free Congress Research and Education Foundation, Washington, DC.
Homemakers, Volunteers, and Taxes: Two Proposals for Examination.
Treatment of Women Under Social Security: A Critique of the Proposed Reforms.

Galloway, Charles
Employers as Partners: A Guide to Negotiating Jobs for People With Disabilities.

Garrison, John E.
Results of a Pilot Management-by-Objectives Program for a Community Mental Health Outpatient Service.

Geiss, Linda S.
Volunteer Transportation Program: Some Suggestions and Cautions in the Use of Volunteers as Drivers, Escorts and Other Transportation Workers.

George Washington Univ. Medical Center, Washington, DC.
Linking General Health and Mental Health Systems of Care: Conceptual Models of Implementation.

Gertz, Lucy
Child Care Needs Assessment for Cornell Employees.

Getts, Carol V.
Bidding for Long-Term Care Patients.

Ginsburg, Paul B.
Containing Medical Care Costs Through Market Forces.

Goetz, Joseph F.
Applicability of Zero Base Budgeting in the Long Term Care and Health Services Administration Context.

Golightly, Cecelia
MBO and Performance Appraisal.

Grambau, Marion Ingrid
Smoking Intervention Program in a Junior High School.

Green, Zoe Elizabeth
Depression in the Long-Term Care Facility.

Greene, Roberta R.
Families and the Nursing Home Social Worker.

Hall, William T.
Linking Public Health Social Work and Public Social Services for Comprehensive Care for Mothers and Children: Proceedings, March 29 Through April 2, 1981, Pittsburgh, Pennsylvania.

Heller, Leon
Financial Resource Management for Nonprofit Organizations.

Hamlin, Elwood R.
Sibling Group: A Neglected Dimension of Placement.

Handler, Joel F.
Neither Angels Nor Thieves: Studies in Deinstitutionalization of Status Offenders.

Harris, Charles S.
Serving Older Americans in Greatest Need: Approaches to Best Practices in Service Targeting. State Variation in Intrastate Funding Formulas: Report No. 1.

Hayes, Annamarie
Study of the Constraints to Program Development in a Community Mental Health Center and How They Are Addressed Through Effective Needs Assessment.

Hayes, Cheryl D.
Making Policies for Children: A Study of the Federal Process.

Hayes-Wilson, Brenda
Implications of Changing Health Care Policy on Hospital Social Services and the Function of Medical Social Work.

Helms, Robert B.
Drugs and Health: Economic Issues and Policy Objectives.

Heritage Foundation, Washington, DC.
Philanthropy in America: The Need for Action.
Social Security Reform: The Family Plan.

Hervig, Ruth Engen
Analysis of Hospital-Based Community Health Education.

Hogan, Andrew J.
Bidding for Long-Term Care Patients.

Holland, Ronald E.
Planning In-House Training: A Personal System With an Organizational Perspective.

Honeywell, Inc., Minneapolis, MN.
Child Care Recommendations for Honeywell Employees.

Hood, Thomas C.
Volunteer Transportation Program: Some Suggestions and Cautions in the Use of Volunteers as Drivers, Escorts and Other Transportation Workers.

Hoshino, George
Improving Management Practices and Technologies in Minnesota's Title XX Agency, 1 January 1980 to 31 March 1982.

Hughes, Susan L.
Home Health Monitoring: Ensuring Quality in Home Care Services.

Institute for Health Planning, Madison, WI.
Bidding for Long-Term Care Patients.
Health Care Vouchers and Competition.

James, Mary L.
Home-Medication Monitoring Among Older Adults: The Breach in Services.

Jenkins, Gary Joseph
Stress and Coping of Hospice Nurses.

Jorde, Paula
Avoiding Burnout: Strategies for Managing Time, Space, and People in Early Childhood Education.

Joslyn, Kerstin Marianne
Individual and Organizational Functions of Volunteering: A Case Study of a Hospital Volunteer Unit.

JRB Associates, Inc., Englewood, CO.
Cost of Alternative Care Study.

Jurkiewicz, Valerie Cecile
Exploratory-Descriptive Study of Interorganizational and Case Coordination Programs for the Multi-Problem, Frail and Minority Elderly.

Kaeser, Linda Arterburn
Relationship Between Patient Care Expenditures and Quality of Care in Long Term Care Nursing Homes.

Kamerman, Sheila B.
Child Care and Family Benefits: Policies of Six Industrialized Countries.

Kauffman, Barbara K.
Family Councils in Nursing Homes: A Guide to Development.

Kelley, Frances
Psychosocial Rehabilitation for Chronic Geriatric Patients: An Intergenerational Approach.

Kelley, John
Ventures in Community Improvement: Final Report of the Demonstration.

Kiernan, William E.
Prevocational and Vocational Education for Special Needs Youth: A Blueprint for the 1980's.

Kilgalen, Rose Kurz
Increasing and Improving Utilization of Day Hospitals for the Mentally Ill: An Analysis of the Influence of Interorganizational Relations.

Killilea, Marie
Modern Practice of Community Mental Health: A Volume in Honor of Gerald Caplan.

Kohl, Rhiana
Child Care Needs Assessment for Cornell Employees.

Kolodny, Beth
Child Care Needs Assessment for Cornell Employees.

Kotler, Milton
Partnerships in Community Service.

Krumm, Ronald J.
Impact of the Minimum Wage on Regional Labor Markets.

Lamb, H. Richard
Treating the Long-Term Mentally Ill. Beyond Deinstitutionalization.

Lammers, Jane Wewer
Influence of the School Health Curriculum Project on Children's Knowledge, Attitudes, and Decisions Concerning Cigarette Smoking.

LaMonica, Elaine L.
Management By Whose Objectives.

Lazarus, Steven S.
Cost of Alternative Care Study.

Leeson, Barbara Splane
Professional Burnout: The Effect of the Discrepancy Between Expectations and Attainment on Social Workers in a Mental Hospital.

Leland, Michael
Rural Rehabilitation: A State of the Art.

Levine, Martin D.
Federal Housing Assistance: Alternative Approaches.

Levinson, Harry
Management By Whose Objectives.

Lewandowski, James
Harlem Valley Psychiatric Center: Metamorphosis of Old Custodial State Mental Institution to Modern Community Psychiatric Center, July 1974–June 1978.

Light, Richard J.
Learning From Experience: Evaluating Early Childhood Demonstration Programs.

London, Cecilia
Older Women Caring for Disabled Spouses: A Model for Supportive Services.

Lynch, Kevin P.
Prevocational and Vocational Education for Special Needs Youth: A Blueprint for the 1980's.

Macomb-Oakland Regional Center, Mt. Clemens, MI. Public Affairs Dept.
Macomb-Oakland Regional Center: Foster Parent Recruitment. Annual Report.

Maffeo, Carla E.
Non-Economic Barriers to Health Care for Medicaid Recipients.

Magill, Greta
Health Care Vouchers and Competition.

Malter, Andrea
Child Care Needs Assessment for Cornell Employees.

Manoske, Sheila Ann
Survey of the Management of Patient Education Programs in the Hospitals of Orange County, California, 1979.

Marsh, Karen
Family Daycare Network: A Childcare Program for Working Parents and Employers.

Massachusetts Univ., Amherst. Cooperative Extension Service.
Cooperation in the Provision of Services: A Study of Massachusetts and Rhode Island Towns.

Mathai-Davis, Prema
Long-Term Care Challenge: Rationalizing a Continuum of Care for Chronically Impaired Elderly.

McDowell, George R.
Cooperation in the Provision of Services: A Study of Massachusetts and Rhode Island Towns.

McNamara, Evelyn
Home Care: Hospitals Rediscover Comprehensive Home Care.

Meezan, William
Foster Parent Adoption: A Literature Review.

Mellor, Joanna
Support Groups for Caregivers of the Aged: A Training Manual for Facilitators.

Messe, Lawrence A.
Home-Medication Monitoring Among Older Adults: The Breach in Services.

Metsch, Jonathan M.
Long-Term Care Challenge: Rationalizing a Continuum of Care for Chronically Impaired Elderly.

Michigan Univ., Ann Arbor. Inst. of Gerontology.
Community Councils for Nursing Homes: A New Approach to Quality of Care.

Minnesota Univ., Minneapolis. School of Social Work.
Improving Management Practices and Technologies in Minnesota's Title XX Agency, 1 January 1980 to 31 March 1982.

Monninger, Beth
Community Assessment, Health Care, and You: A Handbook for the Concerned Citizen.

Moody, Harry R.
Long-Term Care Challenge: Rationalizing a Continuum of Care for Chronically Impaired Elderly.

Mount Sinai School of Medicine, New York. Long-Term Care Gerontology Center.
Long-Term Care Challenge: Rationalizing a Continuum of Care for Chronically Impaired Elderly.

National Assembly of National Voluntary Health and Social Welfare Organizations, Inc., New York.
Working Together: Advocating for Change. A Manual for Voluntary Sector Organizations.

National Association for the Education of Young Children, Washington, DC.
Fundraising for Early Childhood Programs: Getting Started and Getting Results.

National Commission on Resources for Youth, Inc., New York.
Thinking About the Work Experience: A Manual for Learning and Reflection in Youth Employment Programs.

National Inst. on Alcohol Abuse and Alcoholism, Rockville, MD.
Special Population Issues: Alcohol and Health Monograph No. 4.

National Research Council, Washington, DC. Committee on Child Development Research and Public Policy.
Learning From Experience: Evaluating Early Childhood Demonstration Programs.
Making Policies for Children: A Study of the Federal Process.
Neither Angels Nor Thieves: Studies in Deinstitutionalization of Status Offenders.
Services for Children: An Agenda for Research.

Neubig, Jane Ellen
Community Councils for Nursing Homes: A New Approach to Quality of Care.

New York State Office of Mental Retardation and Developmental Disabilities, Albany. Evaluation and Management Analysis Unit.
Staff Burnout.

North Texas State Univ., Denton. Center for Studies in Aging.
Depression in the Long-Term Care Facility.

Norville, Jerry L.
Essential Considerations in Implementing an Integrated Management and Planning System for Long-Term Care Institutions.
MAPS: A Management and Planning System for Long-Term Care Institutions.

Nova Univ., Fort Lauderdale, FL.
Effect of Foster Parent Selection and Training on Service Delivery.

Novick, Louis J.
Staff Coordination in a Long Term Geriatric Hospital.

Odiorne, George S.
MBO II: A System of Managerial Leadership for the 80's.

Olsen, Lenore J.
Predicting the Permanency Status of Children in Foster Care.

Olson, Dennis G.
Analysis and Evaluation of Chore Services for the Elderly of Washington State.

Olson, Mancur
New Approach to the Economics of Health Care.

O'Quin, Karen
Home-Medication Monitoring Among Older Adults: The Breach in Services.

Parmelee, Patricia Ann
Perceived Control Among Elderly Nursing Home Residents: Predictors of Health, Life Satisfaction, and Institutional Adjustment.

Penney, Anne Rankin
Model for Initiation and Administration of Prevention Services in a Community Mental Health Center.

Perry, Kathryn Senn
Child Care Centers Sponsored by Employers and Labor Unions in the United States.

Perzeszty, Anne
How Much Is Enough. Issues in Measuring the Adequacy of Family Income. Proceedings of a Conference, March 11, 1982, New York.

Piccione, Joseph
Homemakers, Volunteers, and Taxes: Two Proposals for Examination.

Pincus, Harold Alan
Linking General Health and Mental Health Systems of Care: Conceptual Models of Implementation.

Pittsburgh Univ., PA. Public Health Social Work Program.
Linking Public Health Social Work and Public Social Services for Comprehensive Care for Mothers and Children: Proceedings, March 29 Through April 2, 1981, Pittsburgh, Pennsylvania.

Porter, Rosemary
Child Care Needs Assessment for Cornell Employees.

Portland State Univ., OR. Inst. for Oregon Policy Studies.
Toward an Improved Human Resources Prioritizing System.

Progress Associates, Inc., Allentown, PA.
Elderly Private/Public Partnerships: An Issues Paper.

Public Health Service, Rockville, MD.
Hispanic Elderly: La Fuente de Nuestra Historia, Cultura y Carino. Report of a Conference, September 16 and 17, 1981, Rockville, Maryland.

Public/Private Ventures, Inc., Philadelphia, PA.
Ventures in Community Improvement: Final Report of the Demonstration.

Radde, Paul O.
Supervising: A Guide for All Levels.

Rainey, Joe Sharp
Approaches to Successful Aging: A Field Study in Geriatric Preventive Community Mental Health.

Rapp, Charles A.
Effect of the Availability of Family Support Services on Decisions About Child Placement.

Rauner, Judy
Gaining Momentum for Board Action.

Raynes, Anthony E.
Results of a Pilot Management-by-Objectives Program for a Community Mental Health Outpatient Service.

Regula, Cal Robert
Staff Burnout.

Reiff, Theodore R.
When a Patient Is Admitted to a Nursing Home.

Richards, Patricia
Analysis and Evaluation of Chore Services for the Elderly of Washington State.

Richardson, William C.
Mental Health Services: Utilization by Low Income Enrollees in a Prepaid Group Practice Plan and in an Independent Practice Plan.

Robinson, Adrian Leslie
Development of Standards and an Evaluation Procedure for Primary Prevention Programs in Mental Health Centers.

Robinson-Ceire, Donnie
Community Assessment, Health Care, and You: A Handbook for the Concerned Citizen.

Ross, Caroline Knight
Preventive Health Education Approach for Urban Lower Income Populations.

Ross, Mary E.
Team Building: A Strategy for Unit Cohesiveness.

Rottenberg, Simon
Occupational Licensure and Regulation.

Rzetelny, Harriet
Support Groups for Caregivers of the Aged: A Training Manual for Facilitators.

Saft, C. J.
Staff Burnout.

Sauber, Mignon
How Much Is Enough. Issues in Measuring the Adequacy of Family Income. Proceedings of a Conference, March 11, 1982, New York.

Sauer, Stephen F.
Planning In-House Training: A Personal System With an Organizational Perspective.

Saunders, Susan
Primary Prevention From a Neighborhood Base: A Working Model.

Schafft, Gretchen
Nursing Home Care and the Minority Elderly.

Scharf, William A.
Elderly Private/Public Partnerships: An Issues Paper.

Schiff, Arthur
Critical Issues Relating to Indirect Service Approaches to Social Welfare Problems.

Schneider, Mary Jo
Rural Rehabilitation: A State of the Art.

Schulberg, Herbert C.
Modern Practice of Community Mental Health: A Volume in Honor of Gerald Caplan.

Shireman, Joan F.
Foster Parent Adoption: A Literature Review.

Simon, Denise K.
Effect of Foster Parent Selection and Training on Service Delivery.

Simon, Ronald D.
Effect of Foster Parent Selection and Training on Service Delivery.

Sinclair, Carole
Effect of Quality Assurance Activities on the Quality of Mental Health Services.

Sivacek, John
Home Medication Monitoring Among Older Adults: The Breach in Services.

Smith, Howard L.
Applicability of Zero Base Budgeting in the Long Term Care and Health Services Administration Context.

Smith, Lane
Ventures in Community Improvement: Final Report of the Demonstration.

South Hills Family Hospice Consortium, Pittsburgh, PA.
Hospice Volunteer Program Model, 1982. Edition Number Two.

Stark, Jack A.
Prevocational and Vocational Education for Special Needs Youth: A Blueprint for the 1980's.

Suseelan, M. A.
Resource Book on Aging.

Tannenbaum, Deena
Harlem Valley Psychiatric Center: Metamorphosis of Old Custodial State Mental Institution to Modern Community Psychiatric Center, July 1974–June 1978.

Tennessee Univ., Knoxville. Transportation Center.
Volunteer Transportation Program: Some Suggestions and Cautions in the Use of Volunteers as Drivers, Escorts and Other Transportation Workers.

Texas Rural Health Field Services Program, Austin.
Community Assessment, Health Care, and You: A Handbook for the Concerned Citizen.

Timberlake, Elizabeth M.
Sibling Group: A Neglected Dimension of Placement.

Toseland, Ronald W.
Rehabilitation and Discharge: The Nursing Home Dilemma.

Travers, Jeffrey R.
Learning From Experience: Evaluating Early Childhood Demonstration Programs.

Trohanis, Pascal L.
TADS and Technical Assistance: Readings on System Design, Needs Assessment, Consultation, and Education.

Trost, Arty
Gaining Momentum for Board Action.

United Church Board for Homeland Ministries, New York. Health and Welfare Div.
Resource Book on Aging.

United Way of Greater Rochester, NY.
Report of the Task Force to Review Changes in Federal Funding Policies for Human Services.

University of Southern California, Los Angeles. Social Policy Lab.
Exploratory-Descriptive Study of Interorganizational and Case Coordination Programs for the Multi-Problem, Frail and Minority Elderly.

University of Southern Maine, Portland. Human Services Development Inst.
Improving Protective Services for Older Americans: A National Guide Series. National Law and Social Work Seminar: Proceedings and Prospects.

Vera, Maria I.
Rape Crisis Intervention in the Emergency Room: A New Challenge for Social Work.

Vivo, Paquita
Hispanic Elderly: La Fuente de Nuestra Historia, Cultura y Carino. Report of a Conference, September 16 and 17, 1981, Rockville, Maryland.

Votaw, Carmen Delgado
Hispanic Elderly: La Fuente de Nuestra Historia, Cultura y Carino. Report of a Conference, September 16 and 17, 1981, Rockville, Maryland.

Waldinger, Gloria Lieberman
Subsidized Adoption: A Special Case of Paying People To Parent.

Walker, Mary
Community Assessment, Health Care, and You: A Handbook for the Concerned Citizen.

Wallach, Howard F.
Psychosocial Rehabilitation for Chronic Geriatric Patients: An Intergenerational Approach.

Washington State Dept. of Social and Health Services, Olympia. Program Research and Evaluation Section.
Analysis and Evaluation of Chore Services for the Elderly of Washington State.

Wayne County Intermediate School District, MI.
Prevocational and Vocational Education for Special Needs Youth: A Blueprint for the 1980's.

Weaver, Sterling L.
Report of the Task Force to Review Changes in Federal Funding Policies for Human Services.

Welfare Research Inc., Albany, NY.
Critical Issues Relating to Indirect Service Approaches to Social Welfare Problems.

Wessels, Walter J.
Minimum Wages, Fringe Benefits, and Working Conditions.

Williams, Stephen J.
Mental Health Services: Utilization by Low Income Enrollees in a Prepaid Group Practice Plan and in an Independent Practice Plan.

Wineburg, Robert J.
Value of Inservice Training for Staff Who Serve Elderly Blind in a Nursing Home.

Wisconsin Clearinghouse, Madison.
Chemical Dependency and Violence: Working With Dually Affected Families. A Cross-Training Program Manual for Counselors and Advocates.

Wisconsin Vocational Studies Center, Madison.
Making Visits Count: A Guidebook for Nursing Home Visitors.
Something for the Families.

Wolf, Wendy C.
Ventures in Community Improvement: Final Report of the Demonstration.

Women's Bureau, Washington, DC.
Child Care Centers Sponsored by Employers and Labor Unions in the United States.

Woodrow, Richard
Mental Health Care for Rural Workers: Program Strategies, Service Implications and Worksite Utilization.

Wright, Janet M.
Chemical Dependency and Violence: Working With Dually Affected Families. A Cross-Training Program Manual for Counselors and Advocates.

Young, Christine L.
Linking Public Health Social Work and Public Social Services for Comprehensive Care for Mothers and Children: Proceedings, March 29 Through April 2, 1981, Pittsburgh, Pennsylvania.

Zatz, Julie
Neither Angels Nor Thieves: Studies in Deinstitutionalization of Status Offenders.

Zimmerman, Joseph F.
Ethics in the Public Service.

List of Documents

	Abstract No.
ACCESS Process: Assuring Quality in Long Term Care.	151
Activities Program in a Long Term Care Facility: Development of a Documentation System That Focuses on Problems and Goals.	152
Administration of Mental Health Services. Edition Number 2.	153
Analysis and Evaluation of Chore Services for the Elderly of Washington State.	154
Analysis of Hospital-Based Community Health Education.	155
Applicability of Zero Base Budgeting in the Long Term Care and Health Services Administration Context.	156
Approaches to Successful Aging: A Field Study in Geriatric Preventive Community Mental Health.	157
Avoiding Burnout: Strategies for Managing Time, Space, and People in Early Childhood Education.	158
Bidding for Long-Term Care Patients.	159
Burnout: Assessment and Intervention.	160
Chemical Dependency and Violence: Working With Dually Affected Families. A Cross-Training Program Manual for Counselors and Advocates.	161
Child Care and Family Benefits: Policies of Six Industrialized Countries.	162
Child Care Centers Sponsored by Employers and Labor Unions in the United States.	163
Child Care Needs Assessment for Cornell Employees.	164
Child Care Recommendations for Honeywell Employees.	165
Client Expectation and Client Satisfaction With Community Mental Health Services: A Cross-Cultural Comparison Between Hispanics and Anglos.	166
Community Assessment, Health Care, and You: A Handbook for the Concerned Citizen.	167
Community Councils for Nursing Homes: A New Approach to Quality of Care.	168
Containing Medical Care Costs Through Market Forces.	169
Cooperation in the Provision of Services: A Study of Massachusetts and Rhode Island Towns.	170
Coping With Accountability: Guidelines for Supervisors.	171
Corporate Philanthropy: Philosophy, Management, Trends, Future, Background.	172
Cost of Alternative Care Study.	173
Critical Issues Relating to Indirect Service Approaches to Social Welfare Problems.	174
Depression in the Long-Term Care Facility.	175
Development of Standards and an Evaluation Procedure for Primary Prevention Programs in Mental Health Centers.	176
Drugs and Health: Economic Issues and Policy Objectives.	177
Effect of Foster Parent Selection and Training on Service Delivery.	178
Effect of Quality Assurance Activities on the Quality of Mental Health Services.	179
Effect of the Availability of Family Support Services on Decisions About Child Placement.	180
Elderly Private/Public Partnerships: An Issues Paper.	181
Employers as Partners: A Guide to Negotiating Jobs for People With Disabilities.	182
Essential Considerations in Implementing an Integrated Management and Planning System for Long-Term Care Institutions.	183
Ethics in the Public Service.	184
Exploratory-Descriptive Study of Interorganizational and Case Coordination Programs for the Multi-Problem, Frail and Minority Elderly.	185
Factors in Nursing Home Settings That Affect the Psychological Well-Being of Residents.	186
Families and the Nursing Home Social Worker.	187
Family and Public Policy: The Issue of the 1980's.	188
Family Councils in Nursing Homes: A Guide to Development.	189
Family Daycare Network: A Childcare Program for Working Parents and Employers.	190
Family-Strengthening Programs, Delinquency Prevention, and Program Evaluation: An Assessment of Efficiency and Utilization.	191
Federal Housing Assistance: Alternative Approaches.	192

	Abstract No.
Financial Resource Management for Nonprofit Organizations.	193
Florida's Implementation of the Federal Block Grants.	194
Foster Parent Adoption: A Literature Review.	195
Fundraising for Early Childhood Programs: Getting Started and Getting Results.	196
Gaining Momentum for Board Action.	197
Harlem Valley Psychiatric Center: Metamorphosis of Old Custodial State Mental Institution to Modern Community Psychiatric Center, July 1974–June 1978.	198
Health Care Vouchers and Competition.	199
Hispanic Elderly: La Fuente de Nuestra Historia, Cultura y Carino. Report of a Conference, September 16 and 17, 1981, Rockville, Maryland.	200
History, Development, and Current Status of Suicide Prevention Programs in the United States, 1955-1979.	201
Home Care: Hospitals Rediscover Comprehensive Home Care.	202
Home Care: Utilizing Resources to Develop Home Care.	203
Home Health Monitoring: Ensuring Quality in Home Care Services.	204
Home-Medication Monitoring Among Older Adults: The Breach in Services.	205
Homemakers, Volunteers, and Taxes: Two Proposals for Examination.	206
Hospice Volunteer Program Model, 1982. Edition Number Two.	207
How Much Is Enough. Issues in Measuring the Adequacy of Family Income. Proceedings of a Conference, March 11, 1982, New York.	208
Impact of the Minimum Wage on Regional Labor Markets.	209
Implications of Changing Health Care Policy on Hospital Social Services and the Function of Medical Social Work.	210
Improving Management Practices and Technologies in Minnesota's Title XX Agency, 1 January 1980 to 31 March 1982.	211
Improving Protective Services for Older Americans: A National Guide Series. National Law and Social Work Seminar: Proceedings and Prospects.	212
Increasing and Improving Utilization of Day Hospitals for the Mentally Ill: An Analysis of the Influence of Interorganizational Relations.	213
Individual and Organizational Functions of Volunteering: A Case Study of a Hospital Volunteer Unit.	214
Influence of the School Health Curriculum Project on Children's Knowledge, Attitudes, and Decisions Concerning Cigarette Smoking.	215
Kids Nobody Wants: Treating the Seriously Delinquent Youth.	216
Learning From Experience: Evaluating Early Childhood Demonstration Programs.	217
Linking General Health and Mental Health Systems of Care: Conceptual Models of Implementation.	218
Linking Public Health Social Work and Public Social Services for Comprehensive Care for Mothers and Children: Proceedings, March 29 Through April 2, 1981, Pittsburgh, Pennsylvania.	219
Local Government and Community Partnerships.	220
Long-Term Care Challenge: Rationalizing a Continuum of Care for Chronically Impaired Elderly.	221
Macomb-Oakland Regional Center: Foster Parent Recruitment. Annual Report.	222
Making Policies for Children: A Study of the Federal Process.	223
Making Visits Count: A Guidebook for Nursing Home Visitors.	224
Management By Whose Objectives.	225
MAPS: A Management and Planning System for Long-Term Care Institutions.	226
MBO and Performance Appraisal.	227
MBO II: A System of Managerial Leadership for the 80's.	228
Mental Health Administration: Responses of Professionals Towards Job Satisfaction in a State Mental Hospital Under Organizational Change.	229
Mental Health Care for Rural Workers: Program Strategies, Service Implications and Worksite Utilization.	230
Mental Health Services: Utilization by Low Income Enrollees in a Prepaid Group Practice Plan and in an Independent Practice Plan.	231
Minding the Children: Ford Foundation Assistance to Child Care Programs.	232
Minimum Wages, Fringe Benefits, and Working Conditions.	233
Model for Initiation and Administration of Prevention Services in a Community Mental Health Center.	234
Modern Practice of Community Mental Health: A Volume in Honor of Gerald Caplan.	235
Neither Angels Nor Thieves: Studies in Deinstitutionalization of Status Offenders.	236

	Abstract No.
New Approach to the Economics of Health Care.	237
New Ways to Succeed With Foundations: A Guide for the Reagan Years.	238
Non-Economic Barriers to Health Care for Medicaid Recipients.	239
Nursing Home Care and the Minority Elderly.	240
Occupational Licensure and Regulation.	241
Older Women Caring for Disabled Spouses: A Model for Supportive Services.	242
Partnerships in Community Service.	243
Perceived Control Among Elderly Nursing Home Residents: Predictors of Health, Life Satisfaction, and Institutional Adjustment.	244
Philanthropy in America: The Need for Action.	245
Planning and Development Issues in Implementing Community-Based Mental Health Services for the Elderly.	246
Planning In-House Training: A Personal System With an Organizational Perspective.	247
Politics of Prevention: Child Health Under Medicaid.	248
Predicting the Permanency Status of Children in Foster Care.	249
Preventive Health Education Approach for Urban Lower Income Populations.	250
Prevocational and Vocational Education for Special Needs Youth: A Blueprint for the 1980's.	251
Primary Prevention From a Neighborhood Base: A Working Model.	252
Problem Solving: Concepts and Methods for Community Organizations.	253
Professional Burnout: The Effect of the Discrepancy Between Expectations and Attainment on Social Workers in a Mental Hospital.	254
Psychosocial Rehabilitation for Chronic Geriatric Patients: An Intergenerational Approach.	255
Quality Assurance: A Study of Patient Care Evaluation Programs in Acute Care Hospitals With Emphasis on Social Service Patient Care Evaluation.	256
Quality Assurance as an Ongoing Component of Hospice Care.	257
Rape Crisis Intervention in the Emergency Room: A New Challenge for Social Work.	258
Rehabilitation and Discharge: The Nursing Home Dilemma.	259
Relationship Between Patient Care Expenditures and Quality of Care in Long Term Care Nursing Homes.	260
Report of the Task Force to Review Changes in Federal Funding Policies for Human Services.	261
Resource Book on Aging.	262
Results of a Pilot Management-by-Objectives Program for a Community Mental Health Outpatient Service.	263
Rethinking Federalism: Block Grants and Federal, State, and Local Responsibilities.	264
Review of Organizational Development.	265
Rural Rehabilitation: A State of the Art.	266
School Policies About Smoking: Suggestions From an Empirical Study of Adolescent Cigarette Smoking.	267
Services for Children: An Agenda for Research.	268
Serving Older Americans in Greatest Need: Approaches to Best Practices in Service Targeting. State Variation in Intrastate Funding Formulas: Report No. 1.	269
Shaping a Child Welfare Agency's Future in Uncertain Times.	270
Sibling Group: A Neglected Dimension of Placement.	271
Single-Parent Experience.	272
Smoking Intervention Program in a Junior High School.	273
Social Groupwork and Alcoholism.	274
Social Security Reform: The Family Plan.	275
Something for the Families.	276
Special Population Issues: Alcohol and Health Monograph No. 4.	277
Staff Burnout.	278
Staff Coordination in a Long Term Geriatric Hospital.	279
Stress and Coping of Hospice Nurses.	280
Stress Management.	281
Study of the Constraints to Program Development in a Community Mental Health Center and How They Are Addressed Through Effective Needs Assessment.	282
Subsidized Adoption: A Special Case of Paying People To Parent.	283
Supervising: A Guide for All Levels.	284
Support Groups for Caregivers of the Aged: A Training Manual for Facilitators.	285
Survey of the Management of Patient Education Programs in the Hospitals of Orange County, California, 1979.	286
TADS and Technical Assistance: Readings on System Design, Needs Assessment, Consultation, and Education.	287

	Abstract No.
Team Building: A Strategy for Unit Cohesiveness.	288
Teenage Parents.	289
Tested Ways to Successful Fund Raising.	290
Thinking About the Work Experience: A Manual for Learning and Reflection in Youth Employment Programs.	291
Toward an Improved Human Resources Prioritizing System.	292
Treating the Long-Term Mentally Ill. Beyond Deinstitutionalization.	293
Treatment of Women Under Social Security: A Critique of the Proposed Reforms.	294
Unemployment Insurance Financing: An Evaluation.	295
Value of Inservice Training for Staff Who Serve Elderly Blind in a Nursing Home.	296
Ventures in Community Improvement: Final Report of the Demonstration.	297
Volunteer Transportation Program: Some Suggestions and Cautions in the Use of Volunteers as Drivers, Escorts and Other Transportation Workers.	298
When a Patient Is Admitted to a Nursing Home.	299
Working Together: Advocating for Change. A Manual for Voluntary Sector Organizations.	300

Index

Abused children
161

Abused wives
161

Access to service (consumer)
See Consumer access to services

Accountability for case management
171

Acquisition of government grants/contracts
159, 261

Activity groups
152

Administrative arrangements (organizational) re human services delivery
See Organization/administrative arrangements re human services delivery

Adoption counseling services
195

Adoption placement, supervision, and guidance services
249, 283

Adults (dependent) (protective services for)
See Protective services for dependent adults

Adults (emotionally disturbed)
See Emotionally disturbed adults

Adults or college/university students
248

Advocacy services (client)
See Client advocacy

Agency accountability for grants/funds
204

Agency/community relationship techniques
252

Alcohol abuse counseling services
274

Alcohol abuse services
161, 277

Alcoholics
161, 274

Analysis of evaluation of service system operations
191, 256

Areawide needs measurement/forecasting
167, 282

Blind persons
296

Block grants
194, 211, 264

Budgeting methods
156, 292

Case coordination methods
185

Catalysts for services integration
See Environment building for integration

Child placement and counseling services
180, 236, 270

Children (protective services for)
See Protective services for children

Children's home/institutional care services
191, 196

Chore services
154

Chronically ill
207, 255, 257

Civil rights protection services
240

Client advocacy
300

Client impact evaluation
260, 294

Client needs determination
See Determination of individual client needs

Client records
152

Clients

See Human service clients by age groups

Communication mechanisms (interagency)

See Interagency communication mechanisms

Communication re services delivery (organization, coordination, and)

See Organization, coordination, and communication re services delivery

Community clinic services

234, 235, 246, 282

Community information and organization services

253

Community involvement in agency decision making

282

Community relationship techniques (agency)

See Agency/community relationship techniques

Consortiums re services delivery

See Decentralized delivery arrangements

Consumer access to services

239

Contract/grants administration

See Grants/contract administration

Coordination methods (case)

See Case coordination methods

Coordination (organization and communication re services delivery)

See Organization, coordination, and communication re services delivery

Cost allocation technique

169, 260

Cost/effectiveness criteria and standards

177

Counseling services (child placement)

See Child placement and counseling services

County human service agencies

211

Criteria and standards

217

Curricula (specialized)

See Specialized curricula education services

Data/information needed for planning

208

Data/information needed for planning re the elderly

173, 244

Day care services

162, 163, 164, 165, 196, 213, 217, 232, 268

Decentralized administrative/decentralized delivery arrangements

211

Decentralized delivery arrangements

198

Decision making authority

292

Delivery arrangements (decentralized)

See Decentralized delivery arrangements

Delivery of human services (or (organizational/administrative arrangements)

See Organization/administrative arrangements re human services delivery

Delivery (organization, coordination and communication re services

See Organization, coordination, and communication re services delivery

Delivery organizations (human services)

See Human service organizations

Delivery procedural constraints

259

Dependent adults

242, 276

Dependent adults (protective services for)

See Protective services for dependent adults

Determination of individual client needs

151, 293

Diagnostic services

239

Direct service linkage methods

218, 219

Disabled or older persons (transportation for)

See Transportation for disabled or older persons

Disabled persons (physically)

See Physically disabled (long term/permanent)

Drug abuse education/information services

215, 267

Drug abuse services

161

Drug addicts (other than alcohol/tobacco)

161

Drug safety services
177, 205

Economic data
233, 237

Economically disadvantaged
192, 239, 248

Education services
250

Educational institutions (service-related)
See Service-related educational institutions

Educational programs re services integration planning
221

Educationally disadvantaged minors
251, 297

Effectiveness criteria and standards
176

Efficiency criteria and standards
See Criteria and standards

Elderly
154, 157, 189, 212, 224, 235, 262, 277

Elderly (transportation for)
See Transportation for disabled or older persons

Elementary/kindergarten students
215

Emergency medical services
258

Emergency mental health services
201, 235

Emergency shelter care for dependent children
191, 236

Emotionally disturbed adults
175, 235

Emotionally disturbed minors
216

Employment placement and referral services
See Job placement and referral services

Employment-related services
162, 190, 209, 230, 291

Employment training services
See Manpower development and training services

Environment building for integration
292

Establishment/development of day care services
190

Evaluation of service system operations
260, 295

Evaluation of service system operations at human service agencies
171, 204, 217, 282, 287

Evaluation of service system operations for the elderly
205, 255

Evaluation standards for service system operations
176

Evaluation via client satisfaction
166, 256

Existing services (reorganization of)
See Reorganization of human services

Extended care and nursing home services
152, 159, 168, 175, 186, 187, 189, 224, 225, 240, 244, 255, 259, 260, 280, 296, 299

Families with dependent children
162, 190, 217, 219, 250

Family counseling services re domestic violence
161

Family life education services
191, 272, 276, 281, 289

Federal funds for regional human services
269

Federal government-private organization relationships
177, 237

Federal grants/funds for human services
192, 261, 290

Federal human service agencies
236

Federal-nonfederal government/private organization relationships
245, 261

Federal planning
169

Federal-state government relationships
194, 248

Federal-substate regional government relationships
174

Financial assistance for health services
199

Financial assistance for homemaker services
206

Financial management re human service agency
See Human services agency financial management

Foster children
249, 271

Foster family care (services re)
See Services re foster family care

Foundation grants for human services
172, 238, 245, 290

Fund raising
196, 197, 245

Funding
199, 290

Funds/grants (Federal) for human services
See Federal grants/funds for human services

Funds/grants (private) for human services
See Private grants/funds for human services

Goal setting/policy making
172, 235, 264

Goal setting/policy making for human service planning
223

Goal setting/policy making planning capabilities/capacity
270

Goal setting/policy making re the elderly
181, 200

Governance methods
See Methods of governance

Government funds/grants for human services
See Federal grants/funds for human services

Government role in goal setting/policy making
177, 188

Governmental/private organization and intergovernmental relationships
See Intergovernmental and governmental/private organization relationships

Grants/contract administration
172, 290

Grants/funds (Federal) for human services
See Federal grants/funds for human services

Grants/funds (private) for human services
See Private grants/funds for human services

Group home services
191

Guidance services (adoption, placement, and supervision)
See Adoption placement, supervision, and guidance services

Guidelines (modification of program regulations or)
See Modification of regulations/program guidelines

Handicapped (mentally) persons
See Mentally handicapped

Handicapped (physically)
See Physically disabled (long term/permanent)

Health delivery services
177, 218, 237, 248, 267

Health information and advocacy services
155, 215

Health insurance services
199, 210, 231

Health maintenance organization services
See Prepaid health care services

Health services
167, 219

High school education services
See Secondary or high school education services

HMO services
See Prepaid health care services

Home nursing services
202, 203, 204, 242, 257

Homemaker services
202, 205, 207

Hospital services (inpatient)
See Inpatient hospital services

Housing assistance services (noninstitutional)
See Noninstitutional housing assistance services

Human service boards/councils/advisory panels
168, 197

Human service clients by age groups
277

Human service organizations
253

Human services agency financial management
193

Human services delivery (organizational/delivery arrangements re)
See Organization/administrative arrangements re human services delivery

Human services (reorganization of)
See Reorganization of human services

Identification of service duplication
270

Impact evaluation (client)
See Client impact evaluation

Improved service delivery
251

Income provision services
208

Income supplementation programs
162, 283

Individual/direct consumer advice/guidance
205

Information and referral services (nonclient)
See Community information and organization services

Information services (community)
See Community information and organization services

Information/data needed for planning
See Data/information needed for planning

Inpatient hospital services
155, 156, 210, 214, 227, 265, 279, 286, 288

Inpatient psychiatric services
229, 293

Inpatient rehabilitation services
152, 259

Inputs to planning activities
189, 287

Institutional services
163, 165

Integrated services (legislation/regulations re)
See Legislation/regulations re integrated services

Integrative planning/programming of organization/administrative arrangements re human services delivery
219

Interagency communication mechanisms
213

Intergovernmental and governmental/private organization relationships
182

Interlocal government relationships
170

Inventorying methods (resource)
See Resource inventorying methods

Job placement and referral services
182

Job services
See Employment-related services

Job training services
See Manpower development and training services

Joint planning
211

Juvenile delinquents
216, 300

Legal issues advocacy groups
300

Legislation/regulations re integrated services
211

Legislative/regulatory constraints
209, 237, 245

Legislative/regulatory constraints re planning
282

Linkage methods (direct service)
See Direct service linkage methods

Linkages between human service planning and economic development
219

Linkages between human service planning and physical development
219

Local government-private organization relationships
172, 174, 220, 243

Long-term nonhospital medically related institutional services
151, 173, 183, 221, 226, 276

Low-income workers
209, 231

Management by objectives
171, 225, 227, 228, 229, 263

Management (governance) methods
See Methods of governance

Management reorganization strategies
183, 265

Manpower development and training services
297

Manpower development services
See Employment-related services

Medicaid
151, 239

Medical services (emergency)
See Emergency medical services

Medicare
169, 204

Medicare supplementary
204

Mental health diagnostic/evaluation services
235

Mental health education/information services
157, 176, 235

Mental health services
153, 179, 198, 218, 230, 231, 252, 254, 263

Mentally handicapped
222, 229

Mentally handicapped adults
175, 235

Mentally handicapped minors
251

Methods of governance
226

Minor parents
289

Minor students
164, 255

Minorities
277

Minority adults
166, 200, 240

Minors
268, 291

Miscreant minors
191

Modification of regulations/program guidelines
177, 192

Needs determination (individual client)
See Determination of individual client needs

Needs measurement/forecasting methods
164

Needs prioritizing for the elderly
186

Nonfederal/private organization-Federal government relationships
See Federal-nonfederal government/private organization relationships

Nongovernmental service-related organizations
261

Noninstitutional housing assistance services
192

Nonprofit service-related organizations
193, 238, 290

Occupational health services
254

Older persons (transportation for)
See Transportation for disabled or older persons

Organization, coordination, and communication re services delivery
213, 279

Organization/administrative arrangements re human services delivery
153, 257

Organization/administrative arrangements re human services delivery for the elderly
185, 203, 246

Organization/administrative arrangements re mental health services delivery
234

Organizing for human service planning for the elderly
299

Organizing for integrative human service planning
270

Orphan children
249

Outpatient health services
202

Outpatient medical treatment
258

Outpatient mental health services
166, 176, 213, 234, 235, 246, 258, 282, 293

Outreach techniques
235

Outreach techniques for rural areas
167, 230, 266

Parents
163, 165, 188

Peer counseling
273, 276

Personnel administration
229, 280, 284

Personnel development/training
158, 160, 247, 254, 265, 272, 276, 278, 281, 288, 296

Personnel development/training re services for the elderly
175, 285, 299

Personnel evaluation
179, 184, 227, 278

Personnel linkage methods
161, 279

Personnel procedural constraints
184

Personnel recruiting
184

Physically disabled (long term/permanent)
182, 242, 266

Placement, supervision, and guidance services (adoption)
See Adoption placement, supervision, and guidance services

Planning activities (inputs to)
See Inputs to planning activities

Planning capabilities/capacity
247, 253

Planning capabilities/capacity theory and studies
174

Planning for organization/administrative arrangements re human services delivery
198

Planning (information/data needed for)
See Data/information needed for planning

Plan/program information sharing
174

Poison information services
250

Political value judgments
264

Poor people
See Economically disadvantaged

Pregnancy counseling/information services
289

Prepaid health care services
169

Preschool education services
158, 162, 196, 217, 232

Preschoolers
163, 164, 165, 196, 217

Primary or elementary school education services
158, 232

Private grants/funds for human services
220, 232

Private organization/governmental and intergovernmental relationships
See Intergovernmental and governmental/private organization relationships

Private organization/nonfederal government-Federal government relationships
See Federal-nonfederal government/private organization relationships

Problem definition methods
253

Program guidelines/regulations (modification of)
See Modification of regulations/program guidelines

Protection services (civil rights)
See Civil rights protection services

Protective services for children
223, 268

Protective services for dependent adults
212

Psychiatric patients
293

Public relations (agency techniques)
See Agency/community relationship techniques

Purchasing of services
243

Recruitment, training and placement of volunteers
178, 197, 207, 214, 298

Referral services (job placement)
See Job placement and referral services

Regional government-intergovernmental and private organization relationships
See Intergovernmental and governmental/private organization relationships

Regional human service organizations
See Human service organizations

Regulations/program guidelines (modification of)
See Modification of regulations/program guidelines

Regulatory/legislative constraints
See Legislative/regulatory constraints

Religious counseling services
262

Reorganization of human services
229, 275

Resource alloction
220, 261, 269, 292

Resource inventorying methods
167

Retarded (mentally) persons
See Mentally handicapped

Runaway minors
236

School services
See Education services

Secondary or high school education services
267, 289

Secondary school minor students
267, 273

Service accessibility (to consumers)
See Consumer access to services

Service delivery capabilities/capacity
242

Service delivery (decentralized)
See Decentralized delivery arrangements

Service delivery (organization, coordination, and communication re)
See Organization, coordination, and communication re services delivery

Service delivery (organization/administrative arrangements re)
See Organization/administrative arrangements re human services delivery

Service delivery organizations
See Human service organizations

Service outcome evaluation
217, 257

Service-related educational institutions
290

Service system models
249

Service system operations (evaluation of)
See Evaluation of service system operations

Services re foster family care
178, 180, 195, 222, 249, 283

Services (reorganization of)
See Reorganization of human services

Single parents/single prospective parents
272

Social indicators research
268

Social security
275, 294

Socially disadvantaged adults
277

Specialized curricula education services
267

Staff (administration of)
See Personnel administration

Standards and criteria
See Criteria and standards

State administered services
180

State government-private organization relationships
181

State planning
194

State planning for the elderly
173, 181, 212, 269

State regulated services
241

State/local legislation/regulations re human services delivery systems
174

Students (college/university)
See Adults or college/university students

Students (minors)
See Minor students

Suicidal persons
201

Supervision, guidance, and placement (adoption)
See Adoption placement, supervision, and guidance services

Supplementary education services
286

Team approach to case coordination
288

Training services (manpower)
See Manpower development and training services

Transportation for disabled or older persons
298

Unemployed persons
297

Unemployment compensation programs
295

Unions
163

Unit cost determination
260

University students
See Adults or college/university students

Unskilled workers
209

Use of consultant services
287

Victim advocacy programs/services
258

Victims of crime
258

Vocational counseling
182

Vocational education services
251, 297

Vocational rehabilitation services
266

Voluntary coordination of services delivery
170

Voluntary role in planning
206

Voluntary/cooperative joint planning
170

Youth correctional services
216

* U.S. GOVERNMENT PRINTING OFFICE: 1983-381-155:255